

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification		Done	rt Filed I	2	Candid	***		Commission		·	L to the later	
Number		(Ma		-y	Canuid	arc		Committee	;	X	Lobbyist	
Name of Filing Committee, Ca	ndidate or	f ivid	14.7/		L		<u></u>	I				
Lobbyist	/ Committee to Elect Dan Mann			a								
Street Address 5542 Rockledge Dr												
City Erie					State	Pa		Zip Code	16511			
Type of Report (Place x under	report type)							<u> </u>	<u> </u>	·······		
1-6th Tuesday 2- 2nd Friday		a eth'	Tunnellau		^{id} Friday	6 20 0-		3 4	Special 2	10 = 1.1.	1 6	
Pre-Primary Pre-Primary	1		lection		Election			Pre-Electi	•	Special 30 Post-Elect		
												,
Date Of Election		Year				Amendr	nent		Terminat	ion		
(MM/DD/YYYY)	05/21/2019			2	2019	Report			Report	ion.		
Summary of Receipts and	From Date		To Date	:				For	Office Use	Only		
Expenditures						ł				•		
	02/01/19		0	5/06/1	9							
A. Amount Brought Forward F	rom Last Report	\$		0								·
B. Total Monetary Contribution	ns and Receipts	\$		E00.0	e							:
(From Schedule I)				563.8	0							
C. Total Funds Available		\$	1	563.8	6							
(Sum of Lines A and B) D. Total Expenditures	 											
(From Schedule III)		\$	1	183.2	6							
E. Ending Cash Balance	· · · · · · · · · · · · · · · · · · ·	\$										
(Subtract Line D from Line C)			;	380.60)							
F. Value of In-Kind Contribution (From Schedule II)	ns Received	\$	\$ 150.00									
G. Unpaid Debts and Obligation	ns	\$										
(From Schedule IV)												
					ffidavit Se					• • • • • • • • • • • • • • • • • • • •		
Part 1- If this is a Committee repor	t, treasurer sign he	re. If th	is is a Can	didate	report, ca	ndidate sign	n here.					
I swear (or affirm) that this report, Sworn to and subscribed before me		nea scr	iedules on	paper	, is to the	best of my k	knowiedę A A	ge and belief tr	ue, correct ar	nd complet	te.	İ
20.2	e this				\mathcal{L}	1/125/			1 -1	1		ļ
day of May	20 19		1		#	VIGILL	Ulm	<u> </u>	א אל	Τ		
Sun huby M.	thill		} _		Ma	/ Sig agdalena B	nature o iretz	f Person Subm	itting report			İ
Signature		`						Printed Name	9			
My Commission expires 10	13 19				81	870-2563						
MO.	DAY YR. Commonwi					rea Code		Day	time Telepho	ne Numbe	r	
Part il- If this is a report of a Candi I swear (or affirm) that to the best	ate's Authorized	HAR	ee candid	date sh	all sign ne	re.	****		.		*	
	f my knowledge a	RESULT lotary	PUNE DO	ical co	mmitte	nas not viola	ted any	provisions of t	he Act of June	a 3, 1937 (i	P.L. 1333, NO	.320) as
amended.	I MILLOREE	K TW	! ERIE CO	UNTY	i		_					
Sworn to and subscribed before me	_{this} My Commiss	ion Ex	olres Oct	13, 20	19		7	/	nı			ļ
09 day of May	20 19		• 1			I Ce	na	ld /1	Nano	n ci_		
Low Luly It.	102					Manne	Signa	ture of Candid	ate			
Signature		-			ROI	Manna	F	rinted Name				
My Commission expires / D	13 19		• •		81	4		806-56	623]
MO.	DAY YR.				A	rea Code	-	Dayti	me Telephon	e 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)	\$ 1283.86
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ o
All Other Contributions (Part B)	\$ 330.00
Total for the reporting period (2)	\$ 330.00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ O
All Other Contributions (Part D) Total for the reporting period (3)	\$ 0
Total for the reporting period (3)	\$

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.

riter identification Nu	invet					
						Amount
Full Name of Contri Committee	buting				Date [MM/DD/YYYY]	\$
House #	Street Address			-	Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contril Committee	buting			- <u> </u>	Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contrib Committee		**************************************	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contrib Committee	outing				Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	-	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contrib Committee	uting		,		Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	s
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contrib Committee	uting				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:		

Full Name of Con	tributor			Date [MM/DD/YYYY]	\$	
	Ron Manna			2/11/2019		70.00
House #	Street Address		Date [MM/DD/YYYY]	\$		
3223	(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ynes Avenue		Date [WW/DD/1111]		
City		State	Zip Code	Date [MM/DD/YYYY]	0.4	
Erie		PA	16510	Date (WIM) DD/ (1 (1)	\$	
Full Name of Con	tributor	konstation of	Distriction of the second of t	Date [MM/DD/YYYY]	\$	
i de profesione de la companya del companya de la companya del companya de la com	Daelynn Fife			2/16/2019		100.00
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$	
4160		oodsdale Drive				
City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie		PA	16510			
Full Name of Con	8월, 47명() 개 세			Date [MM/DD/YYYY]	\$	
	David Dicarlo			02/23/2019		100.00
House #	Street Address		The state of the s	Date [MM/DD/YYYY]	\$,
4574	W	alten Woods Drive				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	·
Erie		PA	16510			
Full Name of Cont	40a - 10 140 - 10 art			Date [MM/DD/YYYY]	\$	
	Robert Rose			02/16/2019		60.00
House #	Street Address	··		Date [MM/DD/YYYY]	\$	
511	W	Eaglewood Drive				
City Erie		State	Zip Code 16510	Date [MM/DD/YYYY]	\$	
		pa	10010			
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
	entrole : lest					
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
			7			
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

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	
House #	Street Addre	ess		Date [MM/DD/YYYY]	\$
				1.0° 0.0° 1.0° 1.0° 1.0° 1.0° 1.0° 1.0°	
City	Territoria de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de	State	Zip Code	Date [MM/DD/YYYY]	
		over the two		4.5 · · · · · · · · · · · · · · · · · · ·	
Full Name of Contributing Cor	mmittee			Date [MM/DD/YYYY]	5
House #	Street Addre	iss		Date [MM/DD/YYYY]	
		100		ļ	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
	7 - 2011-55-555	1883.6			
Full Name of Contributing Con	mmittee			Date [MM/DD/YYYY]	
House #	Street Addres	/SS		Date [MM/DD/YYYY]	\$
_					
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	44 A A A A A A A A A A A A A A A A A A
Full Name of	** ** * * * * * * * * * * * * * * * *	76 / A			0.00 pm 1.00 pm 1.00 pm 1.00 pm
Contributing Con				Date [MM/DD/YYYY]	
House #	Street Addres	\$		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Con	nmittee		,	Date [MM/DD/YYYY]	\$
House #	Street Address	S	No. of the last of	Date [MM/DD/YYYY]	\$
City	Tani Baya, masanas	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Com	ımittee	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	W. C. Constant	Date [MM/DD/YYYY]	\$
House #	Street Address	S		Date [MM/DD/YYYY]	S
City	<u></u>	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	n Number:					
	\$4.65 13.85 13.8 5	, , , , , , , , , , , , , , , , , , ,				
Full Name of Co	intributor	-		Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name				Occupation		
Employer Mailin	no Address /					
Principal Place o	of Business					
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name			time to the second seco	Occupation		
Employer Mailin				<u> </u>		
Principal Place of Full Name of Cor				Date [MM/DD/YYYY] \$		
				Date (MINA OD) 1 (14)		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name			many transfer distinguish the same	Occupation		
Employer Mailin Principal Place of						
Full Name of Con	tributor	, ', ', ', ', ', ', ', ', ', ', ', ', ',		Date [MM/DD/YYYY] \$		
House #	Street Address			Date (MM/DD/YYYY) \$		
City	P ¹ De Tour Marie & Act 1	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name				Occupation		
Employer Mailing Principal Place of	g Address / f 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 Nu	mber:		•	
Full Name				
House #	Street Address			4/2000
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
the state of the s				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			His Salinania I.	
Full Name			****	
House #	Street Address		, , , , , , , , , , , , , , , , , , , ,	3 182000
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				<u> </u>
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				869
Full Name				
House #	Street Address			
Ćity		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		I as a MV vi	10 m 3 12 m 3 4	
Full Name				
House #	Street Address	<u>, , , , , , , , , , , , , , , , , , , </u>		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1 M. 7 S. 10	1	

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

Filer Identification Number:			
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALUE OF \$5	0.00	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$250.	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	150.00
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FROM	/I PAR	T G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)		\$	150.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	on Number:				
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
i louse II	Street Address			Date [IMM/DD/TTTY]	[8] 13
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of (Contribution				
			· · · · · · · · · · · · · · · · · · ·		
Full Name of Co	Phtributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Deve Thirt Inn honord	
		Julie	7217 Code 100 August (Code)	Date [MM/DD/YYYY]	
Description of (Contribution				<u> </u>
Full Name of Co	ontributor	9 - 33 - 50		Date [MM/DD/YYYY]	
30 30 30 30 30 30 30 30 30 30 30 30 30 3		,			
House #	Street Address			Date [MM/DD/YYYY]	
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	
Description of C	Contribution				To the second se
Full Name of Co	ntributor	35:34		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	9
					79 % 70 % 60 0
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of C	ontribution		<u> </u>		Market Comment of the
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$

City		State	Zip Code	Date [MM/DD/YYYY]	S
Description of C	ontribution				
<u>enviserentijvik (</u> 148		verse gal			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		

Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
	Jodi Manna			02/13/2019 150.00
House #	Street Address	 		Date [MM/DD/YYYY] \$
3223	, Dy	ynes Avenue		
City Erie		State PA	Zip Code 16510	Date [MM/DD/YYYY] \$
\$407404			10010	13-35 13-35 13-35
Employer Nam				Occupation
Employer Maili Place of Busine	ling Address / Principal		***************************************	Description
Piace or ousing				of Items for Raffle
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address	, , , , , , , , , , , , , , , , , , , 		Date [MM/DD/YYYY] \$
City	El MONTONO (1 Maridae 4)	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	e	**************************************		Occupation
	ing Address / Principal		e-date	Description
Place of Busines	ss			of
Full Name of Co	ontributor	4		Contribution Date [MM/DD/YYYY] \$
				Date (taning Day, 1911)
House #	Street Address			Date [MM/DD/YYYY] \$
(A) (1) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				
City	A39 (3) (7) (4) (4)	State	Zip Code	Date [MM/DD/YYYY] \$
				100 To 10
Employer Name				Occupation
	ng Address / Principal			
Place of Busines		100		Description of
				Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
	and the second s			
Employer Name			·	Occupation
Employer Mailin Place of Busines	ng Address / Principal			Description
Clate or passes				of Contribution

SCHEDULE III Statement of Expenditures

Filer Identification Number:	 	· · · · · · · · · · · · · · · · · · ·
[4] 교회 전환 등 기본 (기술) 등 기본 등 등 기계		'

To Whom Paid						Date [MM/DD/YYYY]	*\$2	
	Eastway Lanes					02/16/2019	187,41	
House # 4110	Street Address B	treet Address Buffalo Road				Description of Expendit	ure	
City Erie	ie State PA Zip 16510				Fundraiser			
To Whom Paid Your Harborcreek					Date [MM/DD/YYYY]	\$		
						03/14/2019	150.00	
House # 5601	Street Address B	Buffalo Road			Description of Expenditu	// e		
City Harborcreek		State	PA	Zip Code 16	6421	Business Card Ad		
To Whom Paid	Erie Promotions					Date [MM/DD/YYYY]	\$ 705.40	
					03/14/2019	705.10		
House # 5938	Street Address S	Spires Drive				Description of Expenditu	re	
City Erie State PA Zip 16509			509	Signs				
To Whom Paid	Constitue Importate					Date [MM/DD/YYYY]	\$	
	Creative Imprints					03/14/2019	140.75	
House # 4723	Street Address Bu	uffalo Road	J			Description of Expenditure		
City Erie		State	PA	Zip Code 16	510	Tshirts		
To Whom Paid						Date [MM/DD/YYYY]	\$ 3/3	
House #	Street Address		• • • • • • • • • • • • • • • • • • • •			Description of Expenditu	re	
City	- P. 7. 1. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	State		Zip				
To Whom Paid	4		, in	Code		Date [MM/DD/YYYY]	\$%	
House # Street Address			Description of Expenditu	5.4 ™ 				
City	Profile of the College	State	· .	Zip Code				
To Whom Paid	ă 7 8	The Alberta d				Date [MM/DD/YYYY]	S	
House # Street Address					Description of Expenditu	r e		
City State Zip								
				Code				
To Whom Paid						Date [MM/DD/YYYY]	3	
House #	Street Address					Description of Expenditur	(m.) (e	
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.

Name of Cred	184.4.2 (1) (1) (1) (2) (1)			
Name of Cred			The strength of	Outstanding Balance of Debt
	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of	Debt		- Article Company	
Name of Credi	(to:			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	Outstanding Balance of Debt
			[MM/DD/YYYY]	
City Description of		State	Zip Code	
Description of				Paren
Name of Credit				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip	_
Description of I	Debt	<u> </u>	Code	
Name of Credit				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D		- Air Air Air Air Air Air Air Air Air Air	- In the second	
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
CITY		State	Zip Code	
Description of D	ebt		and the state of t	<u> [4:3]</u>
Name of Credito	n			Outstanding Balance of Debt
douse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
	For the transfer of the contract of the contra	1	_	
lity		State	Zip Code	