



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	83-3969891	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Chuck Nelson							
Street Address	646 W 9th St							
City	Erie	State	PA	Zip Code	16502			

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)	05/21/2019	Year	2019	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/05/2019	05/07/2019	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,240.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2,240.00	
D. Total Expenditures (From Schedule III)	\$	2,080.80	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	159.20	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

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

9 day of May 20 19

Signature of Person Submitting Report
 Printed Name
 814
 Area Code
 746-2755
 Daytime Telephone Number

My Commission expires

Commonwealth of Pennsylvania - Notary Seal
 Marilyn Ruth Nelson, Notary Public
 Erie County
 My commission expires April 14, 2023
 Commission number 1009842
 Member, Pennsylvania Association of Notaries

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

9 day of May 20 19

Signature of Candidate
 Printed Name
 814
 Area Code
 720-9996
 Daytime Telephone Number

My Commission expires

MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
 Marilyn Ruth Nelson, Notary Public
 Erie County
 My commission expires April 14, 2023
 Commission number 1009842
 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filler Identification Number	83-3969891		
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 340.00
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)		\$	100.00
Total for the reporting period		(2)	\$ 100.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	1,800.00
Total for the reporting period		(3)	\$ 1,800.00
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>		\$	2,240.00

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.

Filer Identification Number											
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]		\$				
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.)

File Identification Number	83-3969891
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
Michael Tkach				04/03/2019		\$	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
626	Cherry St				\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Eric	PA	16502			\$		
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]		\$		
					\$		
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.

Filer Identification Number:	
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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 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	83-3969891
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
Maureen O'Connor				04/15/2019			500.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
12828	Wellswood Trail						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Chesterland	OH	44026					
Employer Name				Occupation			
Bremec Greenhouse				Cashier			
Employer Mailing Address / Principal Place of Business							
12265 Chillicothe Rd. Chesterland, OH 44026							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
Richard Weber				04/26/2019			500.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
5338	Norris Drive						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Erie	PA	16509					
Employer Name				Occupation			
Not Employed				Not Employed			
Employer Mailing Address / Principal Place of Business							
Not Employed							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
Charles Nelson				03/05/2019			200.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
646	W 9th St			03/19/2019			100.00
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Erie	PA	16502	03/25/2019			500.00	
Employer Name				Occupation			
The Cross - Erie				Pastor			
Employer Mailing Address / Principal Place of Business							
646 W 9th St. Erie PA 16502							
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							
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							

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)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART II)	
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TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART II)	
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TOTAL for the reporting period	(3)	\$	
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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)		\$	
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

File 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					

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$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]	\$	
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	83-3969891
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To Whom Paid	Eric Democratic Party	Date (MM/DD/YYYY)	03/05/2019	\$	200.00
House #	1305	Street Address	PO Box 1184 State St		Description of Expenditure
City	Eric	State	PA	Zip Code	16501
Access to VoteBuilder					
To Whom Paid	Desantis Signs	Date (MM/DD/YYYY)	03/25/2019	\$	497.14
House #	540	Street Address	W 18th St		Description of Expenditure
City	Eric	State	PA	Zip Code	16502
Yard Signs					
To Whom Paid	Community Access Media	Date (MM/DD/YYYY)	04/17/2019	\$	50.00
House #	142	Street Address	W 12th St		Description of Expenditure
City	Eric	State	PA	Zip Code	16501
Access to Candidates					
To Whom Paid	Coopy King	Date (MM/DD/YYYY)	04/24/2019	\$	52.64
House #	1162	Street Address	W 8th St		Description of Expenditure
City	Eric	State	PA	Zip Code	16502
Print Material					
To Whom Paid	USPS	Date (MM/DD/YYYY)	04/24/2019	\$	176.00
House #	1401	Street Address	State St		Description of Expenditure
City	Eric	State	PA	Zip Code	16501
Postage					
To Whom Paid	Binoscak Printing	Date (MM/DD/YYYY)	04/29/2019	\$	1096.00
House #	1919	Street Address	Peach St		Description of Expenditure
City	Eric	State	PA	Zip Code	16502
Print Material					
To Whom Paid	Act Blue	Date (MM/DD/YYYY)	05/06/2019	\$	9.02
House #		Street Address	PO Box 441146		Description of Expenditure
City	Somerville	State	MA	Zip Code	02144
Donation Fee Online					
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]		S		
City		State	Zip Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S		
City		State	Zip Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S		
City		State	Zip Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S		
City		State	Zip Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S		
City		State	Zip Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S		
City		State	Zip Code			
Description of Debt						