

Commonwealth of Pennsylvania - Campaign Finance Report

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

83-4364339		Report Filed By (Mark X)	Candidate	<input type="checkbox"/> Committee	<input checked="" type="checkbox"/> Lobbyist
Committee, Candidate or		Friends To Elect Davona Pacley			
Address		815 Hickory Hill Blvd.			
ERIE		State	PA	Zip Code	16509
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report	Termination Report
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only	
A. Amount Brought Forward From Last Report		\$	0.00	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2019 MAY 10 PM 2:05 ERIE COUNTY CLERK REGISTRATION </div>	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	295.00		
C. Total Funds Available (Sum of Lines A and B)		\$	295.		
D. Total Expenditures (From Schedule III)		\$	273.82		
E. Ending Cash Balance (Subtract Line D from Line C)		\$	21.18		
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 exhibits or annexes, 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

Tonia Hernandez
Signature

My Commission expires 4-3-23
MO. DAY YR.

Kyra Taylor
Signature of Person Submitting report
Kyra Taylor
Printed Name
724 Area Code 498 7018 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

Tonia Hernandez
Signature

My Commission expires 4-3-23
MO. DAY YR.

Davona Pacley
Signature of Candidate
Davona Pacley
Printed Name
814 Area Code 218-1987 Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Tonia Hernandez, Notary Public
 Erie County
 My commission expires April 3, 2023
 Commission number 1288912
 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		83-4364339	
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 295
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)		\$	
Total for the reporting period		(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period		(3)	\$
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 295
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>		\$	

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]	\$	
								\$			

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		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]
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	
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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	
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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					

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**REFUNDS, INTEREST 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	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

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**

File Identification Number	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART E)

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

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

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]		S	
City			State		Zip Code	Date [MM/DD/YYYY]	S

Description of Contribution	
-----------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]		S	
City			State		Zip Code	Date [MM/DD/YYYY]	S

Description of Contribution	
-----------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]		S	
City			State		Zip Code	Date [MM/DD/YYYY]	S

Description of Contribution	
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Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]		S	
City			State		Zip Code	Date [MM/DD/YYYY]	S

Description of Contribution	
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Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]		S	
City			State		Zip Code	Date [MM/DD/YYYY]	S

Description of Contribution	
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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:	83-4364339
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To Whom Paid					Date [MM/DD/YYYY]	\$
The UPS Store					04/16/2019	31.54
House #	Street Address		City		State	Zip Code
2501	W 12th St		ERIE		PA	16505
Description of Expenditure					Flyers	
To Whom Paid					Date [MM/DD/YYYY]	\$
The UPS Store					04/27/2019	6.68
House #	Street Address		City		State	Zip Code
2501	W 12th St		ERIE		PA	16505
Description of Expenditure					Flyers	
To Whom Paid					Date [MM/DD/YYYY]	\$
The UPS Store					05/02/2019	18.19
House #	Street Address		City		State	Zip Code
2501	W 12th St		ERIE		PA	16505
Description of Expenditure					Printed Materials	
To Whom Paid					Date [MM/DD/YYYY]	\$
The UPS Store					05/08/2019	15.44
House #	Street Address		City		State	Zip Code
2501	W 12th St		ERIE		PA	16505
Description of Expenditure					Printed Materials	
To Whom Paid					Date [MM/DD/YYYY]	\$
Duce Two					05/10/2019	202
House #	Street Address		City		State	Zip Code
1150	W 26th Street		ERIE		PA	16508
Description of Expenditure					Campaign T-Shirts	
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address		City		State	Zip Code
Description of Expenditure						
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address		City		State	Zip Code
Description of Expenditure						
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address		City		State	Zip Code
Description of Expenditure						

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						

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