

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	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		TONY R. RATCLIFF, JR						
Street Address		420 HESS AVENUE						
City	ERIE	State	PA	Zip Code	16507			
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 checked="" 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 type="checkbox"/>
Termination Report		<input type="checkbox"/>						
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only				
		04/23/2019	05/10/2019					
A. Amount Brought Forward From Last Report		\$	0					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	726.49					
C. Total Funds Available (Sum of Lines A and B)		\$	726.49					
D. Total Expenditures (From Schedule III)		\$	606.49					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	120.00					
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0					
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0					
<p>Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.</p> <p>I swear (or affirm) that this report, including the attached schedule, is true to the best of my knowledge and belief, correct and complete.</p> <p>Sworn to and subscribed before me this <u>10th</u> day of <u>May</u> 20<u>19</u></p> <p><u>Sonia Fernandez</u> Signature</p> <p>My Commission expires <u>4-3-23</u> MO. DAY YR.</p> <p><u>Constancia M. Ratcliff</u> Signature of Person Submitting report</p> <p><u>CONSTANCE M. RATCLIFF</u> Printed Name</p> <p><u>814</u> Area Code</p> <p><u>464-5525</u> Daytime Telephone Number</p>								
<p>Part II- If this is a report of a Candidate's Authorized Committee, candidate will sign here.</p> <p>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.</p> <p>Sworn to and subscribed before me this <u>10th</u> day of <u>May</u> 20<u>19</u></p> <p><u>Sonia Fernandez</u> Signature</p> <p>My Commission expires <u>4-3-23</u> MO. DAY YR.</p> <p><u>Tony R. Ratcliff</u> Signature of Candidate</p> <p><u>TONY R. RATCLIFF</u> Printed Name</p> <p><u>814</u> Area Code</p> <p><u>881-4847</u> Daytime Telephone Number</p>								

2019 MAY 10 AM 9:19
ERIE COUNTY
VOTER REGISTRATION
KS

Affidavit Section
Commonwealth of Pennsylvania - Notary Seal
Sonia Fernandez, Notary Public
Erie County
My commission expires April 3, 2023
Commission number 1288912
Member, Pennsylvania Association of Notaries

Commonwealth of Pennsylvania - Notary Seal
Sonia Fernandez, 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			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 20.00
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) <i>DONOR</i>		\$	100.00
Total for the reporting period		(2)	\$ 120.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period		(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 606.49
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>		\$	726.49

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]		\$			

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 Contributor					Date [MM/DD/YYYY]	\$
CHARLES MOCK					05/03/2019	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$
648	E. 43rd St.					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
ERIE	PA	16504				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
TIM KUZMA						20.00
House #	Street Address				Date [MM/DD/YYYY]	\$
4002	PARADE STREET					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
ERIE	PA	16504				
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						
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)

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]	\$	
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, 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	
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 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		
TOTAL for the reporting period	(1)	\$

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

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

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]		\$
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

Filer Identification Number											
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			
Employer Name						Occupation					
Employer Mailing Address / Principal Place of Business						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			
Employer Name						Occupation					
Employer Mailing Address / Principal Place of Business						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			
Employer Name						Occupation					
Employer Mailing Address / Principal Place of Business						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			
Employer Name						Occupation					
Employer Mailing Address / Principal Place of Business						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			
Employer Name						Occupation					
Employer Mailing Address / Principal Place of Business						Description of Contribution					

SCHEDULE III
Statement of Expenditures

Filer Identification Number

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			
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			
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				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					