

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 checked="" type="checkbox"/>	Committee	<input 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 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		Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" 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	

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 schedule on paper, 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
 Sonia C. Fernandez
 Signature

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

Notary Public
 Erie County
 My Commission expires April 3, 2023
 Commission number 1288912
 Member of Pennsylvania Association of Notaries

Signature of Person Submitting report
 Tony Ratcliff
 Printed Name

814
 Area Code
 861 4847
 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.

I swear (or affirm) that to the best of my knowledge and belief this report 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

____ day of ____ 20____
 Signature

My Commission expires ____
 MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone 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)	\$ 20.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	100.00 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]		S		
CHARLES Mock					05/03/2019		S		100.00
House #	Street Address				Date [MM/DD/YYYY]		S		
64B	E. 43rd Street						S		
City	State			Zip Code	Date [MM/DD/YYYY]		S		
ERIE	PA			16504			S		
Full Name of Contributor					Date [MM/DD/YYYY]		S		
Tim Kuzna					04/28/2019		S		20.00
House #	Street Address				Date [MM/DD/YYYY]		S		
4002	Parade Street						S		
City	State			Zip Code	Date [MM/DD/YYYY]		S		
ERIE	PA			16504			S		
Full Name of Contributor					Date [MM/DD/YYYY]		S		
							S		
House #	Street Address				Date [MM/DD/YYYY]		S		
							S		
City	State			Zip Code	Date [MM/DD/YYYY]		S		
							S		
Full Name of Contributor					Date [MM/DD/YYYY]		S		
							S		
House #	Street Address				Date [MM/DD/YYYY]		S		
							S		
City	State			Zip Code	Date [MM/DD/YYYY]		S		
							S		
Full Name of Contributor					Date [MM/DD/YYYY]		S		
							S		
House #	Street Address				Date [MM/DD/YYYY]		S		
							S		
City	State			Zip Code	Date [MM/DD/YYYY]		S		
							S		
Full Name of Contributor					Date [MM/DD/YYYY]		S		
							S		
House #	Street Address				Date [MM/DD/YYYY]		S		
							S		
City	State			Zip Code	Date [MM/DD/YYYY]		S		
							S		

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]

\$

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	
----------------------------	--

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	
-----------------------------	--

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											
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

FEI Identification Number

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 F)

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)

\$

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number	
-----------------------------	--

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		

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		

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: _____

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					