

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer identificat Number	ion	83-3772685		ort Filed I irk X)	By Cano	dida	te	Comm	ittee		X	Lobby	st 🗀
Name of Filing Lobbyist	Committee,	Candidate or	соми	MITTEE TO	ELECT TERRY	M 50	CUTELLA				***		
Street Address			4055	WEST 30TI	E100/09/24/4/000	8055907		Freigneathannagan					
City	ERIE				State	e	PA	Zip Cod	de	16506			:
Type of Report			an Conquisi et et que			RESPONSED I					700		
1-6" Tuesday Pre-Primary	2- 2 nd Frida Pre-Primar	sy 3-30 Day Post y Primary		Tuesday Election	5- 2 nd Frid Pre- Electi	econd :	6-30 Day Post Election	7- Ann	uai	Special 2 Pre-Elect	nd Friday Hon	Specia Post-E	I 30 Day lection
	X												
Date Of Election (MM/DD/YYYY		05/21/2019	Year		2019		Amendment Report			Termina Report	tion		
Summary of Re Expenditures	celpts and	From Date		To Dat	para in istrativa	110			For	Office Use	Only		
	Jeht Forward	01/01/2019 I From Last Repor			5/ % /2019	•						Edirecti Laboratori	
		tions and Receipt			0 .						-T.		
(From Schedule C. Total Funds A	vallable		\$;	2,200	\dashv	•					radio gestila. enert	
(Sum of Lines A D. Total Expend	litures		\$;	1,779.98	\dashv						200	
(From Schedule E. Ending Cash I	Balance	den de la companya d La companya de la companya de	\$	ļ	420.02						(T) T/2 T/2	The second second	
(Subtract Line D F. Value of In-Ki (From Schedule	ind Contribu	tions Received	\$		0		·				ر وربه داري درب عدد عدد ()		言入
G. Unpaid Debt (From Schedule	s and Obliga		\$		0							ang N	
				<u> </u>	Affidavit	t Sec	tion						My co
		ort, treasurer sign h rt, including the atta						ge and be	lief tr	ue, correct	and compl	ete.	C D D
Sworn to and subs							1						mission ommissi
day of	May	20 (_	.1		<u> </u>	Signature	of Person	Suhm	itting repor	t		≤ro-o::
- CHI	Signature	10010	_	卜		JAN	MES E BARR	Printed		<u> </u>	-		e County xpires Oct n number ania Associ
My Commission e	vnires 1	15 20	23	, !		814	1	1111111111	384-0	_			
in commoder of	MO.	DAY YR.		`		Aı	rea Code	_	Day	time Teleph	one Numb	per .	ober 15, 1341790 allon of N
I swear (or affirm)		didate's Authorized st of my knowledge						provisior	ns of t	he Act of Ju	ne 3, 1937	(P.L. 1333,	i 0
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My Commission e	MO.	DAY YR.	ムン			_	rea Code	-	Dayti	ime Telepho	one Numbe	Pennsylvania Ass	Cara Mayo, Nota Cara Mayo, Nota Erie Coun Erie Coun My commission expires (
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													2022

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number 83-3772685	
63-3772063	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor.	
Total for the reporting period (1)	\$ 250
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)	\$ 650
Total for the reporting period (2)	\$ 650
3. Contributions Over \$250,00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 300
All Other Contributions (Part D)	\$ 1,000
Total for the reporting period (3)	\$ 1,300
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 2,200

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 8:	3-3772685			
			·	Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Ad	ldress	·	Date [MM/DD/YYYY] \$	
	State	Zip code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee			Date (MM/DD/YYYY) \$	
House # Street Ad	idress		Date [MM/DD/YYYY] \$	<u></u>
City	State	ZIP Code	Date (MM/DD/YYYY) \$	
Full Name of Contributing Committee			Date [MM/DD/XYYY] S	
House # Street Ad			Date [MM/DD/YYYY] S	
	State	74p code	Date [MM/DD/YYYY] S	
Full Name of Contributing — Committee			Date [MM/DD/YYYY] S	
House # Street Ad	GLIMOT GLIMOT GLIMOT		Date IMM/DD/YYYYI S	
GLY 15	Example 1	Zip Code	Date IMM/DD/YYYYI S	
Full Name of Contributing Committee	VERMINA		Date (MM/DD/WAY) S	·
House # Street Ad			Date (MM/DD/YYYY) S	
ery .	State	Zip code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	9557
House # Street Ad		Interpolation to the property security	7.7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Gity.	State	Zip Code	Date [MM/DD/YYYY] S	

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: 83-3772685	•	•	

	1.00		
Full Name of Contributor		Date [MM/DD/YYYY] \$	
	KEVIN & BARBARA KANTZ	03/18/2019	100
House# St	reet Address	Date [MM/DD/YYYY] \$	
10376	ROUTE 98		
City	State Zip Code	Date [MM/DD/YYYY] \$	
EDINBORO	PA 16412		
Full Name of Contributor		Date [MM/DD/YYYY] \$	
	RONALD & BARTHELMES	03/27/2019	100
	reet Address	Date [MM/DD/YYYY] \$	
4103	VASSAR DRIVE		
City	State Zip Code	Date [MM/DD/YYYY] \$	
ERIE	PA 16506		
Full Name of Contributor		Date [MM/DD/YYYY] \$	
entral de la companya de la company	CHUCK & ANGIE IANNELLO	04/09/2019	200
House# St	reet Address	Date [MM/DD/YYYY] \$	
2315	NINA DRIVE		
City	State Zip Code	Date [MM/DD/YYYY] \$	
ERIE	16506 PA		• · · · ·
Full Name of Contributor		Date [MM/DD/YYYY] \$	
	JUDITH WHEATON	03/29/2019	250
House # St	reet Address	Date [MM/DD/YYYY] \$	
1135	CHESTNUT HILL DRIVE		
City	State Zip Code	Date [MM/DD/YYYY] S	
ÉRIÉ	PA 16509		
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House# St	reet Address	Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributor		Date (MM/DD/YYYY) \$	t i
And a property of the state of			
House # St	area (Address	Date [MM/DD/YYYY] \$	
Gty	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 N	83-3 77 2685					
Full Name of		•		Date	MIM/OD/YXXXI	
Contributing Comm	nittee LPAC ERIE				3/15/2019	300
House # 120	Street Address W	EST 10TH STREET		Date	MM/DD/YYYY] \$	-
City ERIE		State PA	Zip Code 1650		MM/DD/YYYY] \$	
Full Name of Contributing Comm	nittée			Date (MM/DD/YYYY] S	
House #	Street Address			Date (MIM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Comm	ilitee ,			#Dates	MIM/DD/YYYY] \$	
House #	Street Address			Date	MM/DD/YYYY] \$	
City		State	Zip Code		MM/DD/YYYY] \$	
Full Name of Contributing Comn				Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	produgite of Lice, 7 Linux of Care 155 cmg (505 yrd	State	Zip Code		MM/DD/YYYY] \$	
Full Name of Contributing Comm	ilttee				MM/00/YYY] \$.	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	Ex service modifies a manifestance as mode a small absolute.	State	Zip Code		MM/DD/YYYY] \$	
Full Name of Contributing Comm	nittee				MM/60/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
CALL TO	100000000000000000000000000000000000000	State	7in Code	natel	MM/DD/WWVI S	

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: 83-3772685		

Full Name of Contributor		Date [MM/DD/YYYY] \$
CARMEN &	ALICIA SCUTELLA	03/01/2019
House # Street Address 2119	WASHINGTON STREET	Date [MM/DD/YYYY]
JAMESTOWN	State NY Zip Code 14701	Date [MM/DD/YYYY] \$
Employer Name	PETERSON OVERHEAD DOOR	Occupation SELF EMPLOYED
Employer Mailing Address / Principal Place of Business	2119 WASHINGTON STREET, JAMESTOWN, NY 14701	
Full Name of Contributor JOSEPH & D	OONNA PALERMO	Oate [MM/DD/YYYY] \$ 500
House # Street Address	PRESTWICK DRIVE	Date (MM/DD/YYYY) \$
City ERIE	State PA Zip Code 16506	Date [MM/DD/YYYY]
Employer Name	PALERMO REALTY & DEVELOPMENT	Occupation SELF EMPLOYED
Employer Mailing Address / Principal Place of Business	2500 PALERMO DRIVE, ERIE, PA 16506	
Full Name of Contributor		Date [MM/OD/YYYY] = \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zlp Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		Date [MM/QD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State: Zip Code	Date [MM/DD/YYY] 5
Employer Name Employer Malling Address /		

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:	83-3772685				
1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
Full Name					
	et Address				TOXANDON CO.
City Company of the City		State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description		To prove the present of the base seed	A VIII A VII		
Full Name					
House # Stre	eet Address				
City		State	Zip Code	Date (MM/DD/YXYY)	(5)
Receipt Description					
Full Name					
and the state of t	eet Address				
City		State	Zip Code	Date (MM/DD/YYYY)	, \$
Receipt Description					
Full Name					e!
House # Stre	et Address				
City		State	Zip Code	Date [MM/DD/YYYY]	5
Receipt Description					
Full Name					
House # Stre	eet Address				SWAGOO MOOY
City		State	Zip (Code	Date (MM/DD/YYYY)	5
Receipt Description		ACCEPTANCE OF THE PARTY OF THE			
Full Name					
House # Stre	et Address				
City to any part of the second		State	Zip Code	Date [MM/DD/YYYY]	\$
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

Filer Identification Number: 83-37	72685			
	TOURISTICATE ACCIONATION VALUE	SIC ON CONTROL ON SECURE DIS	D. CONTENDICTOR	
UNITEMIZED IN-KIND CON TOTAL for the reporting period	TRIBUTIONS RECEIVED-VAL	\$	CONTINUORON	
2. IN-KIND CONTRIBUTIONS	REGRIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART	B) - opposed landersk den kan her en geske ven	Marian Harriston and Company
TOTAL for the reporting period	(2)	es ile un d'alor de estat. S	sness (Post de historia politici e incidente).	
3. IN KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$250.	OD (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBU PERIOD (Add and enter amount total on Page 1, Report Cover Page, Item F	s from boxes 1, 2, and 3; als	1 ' 1		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Number: 83-3772685		·	
	·		

Full Name of Contribu	to r			Date [MM/DB/YYYY] \$	
House#	Street Address		:	Date [MM/DD/YYYY] \$	
City	ETT TEST OF THE OWNER, WILLIAM	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contri	oution				
Full Name of Contribu	itor September September			Date [MM/DD/YYYY] . \$	
House #	Street Address			Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DB/YYW] \$	
Description of Contri	oution		·		
Full Name of Contribu	Aor L			Date (MM/DD/YYYY) \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity .		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contril	outlan				
Full Name of Contribu	itor.			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contri					
Full Name of Contribu	itor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contril	oution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Flier identification Number: 83-3772685

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] S
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 Name Employer Mailing Address / Principal	Occupation Description of Contribution Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	Occupation Description of Contribution Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City State Zip Code	Occupation Description of Contribution Date [MIM/DD/YYYY] \$ Date [MIM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	Occupation Description of Contribution Date [MM/DD/YYYY] \$

Statement of Expenditures

Cities I depublicant and Allemanan	
Filer Identification Number:	
	183-3772685

w 141					r
To Whom Paid	DESANTIS SIGNS			Date [MM/DD/YYYY] \$ 3/27/2019	270
House # 540	Street Address WE	ST 18TH STREET		Description of Expenditure	
City ERIE	Exercise and Association of the Control of the Cont	State PA	Zip Code 16502	signs	
To Whom Paid	COMMITTEE TO REELEC	CT JOHN GROH	Construction of Construction of Construction	Date [MM/DD/YYYY] \$	35
TO RECEIVE A PROPERTY.				03/27/2019	
House # 3608	Street Address WE	ST 26TH STREET		Description of Expenditure	a arad museus and Maria Maria and Maria
City ERIE		State PA	Zip Code 16506	CONTRIBUTION- POLITICAL FUNC	PRAISER
To Whom Paid	DESANTIS SIGNS			Date [MM/DD/YYYY] \$	581.18
1500000				4/5/2019	301.10
House # 540	Street Address WES	T 18TH STREET		Description of Expenditure	
Clty ERIE		State PA	Zip Code 16502	SIGNS	
To Whom Paid			Color	Date [MM/DD/YYYY] \$	
	POSTNET			04/05/2019	243.8
House # 3330	Street Address WE	ST 26TH ST #4		Description of Expenditure	
City ERIE		State PA	Zip Code 16506	DOOR HANGERS	
To Whom Paid				Date [MM/DD/YYYY] \$	
	ERIE COUNTY DEMOCR	ATIC PARTY		04/05/2019	280
House # 1305	Street Address STA	TE STREET		Description of Expenditure	
City ERIE	The state of the s	State PA	Zip 16501	POLITICAL FUNDRAISER	
To Whom Paid			And the second s	Date[MM/DD/YYYY] 5	
	ERIE COUNTY DEMOCR	ATIC PARTY	•	04/11/2019	100
House # 1305	Street Address STA	TE STREET		Description of Expenditure	
City ERIE	I I I I I I I I I I I I I I I I I I I	State PA	Zip Code 16501	PROGRAM AD	
To Whom Paid				Date [MM/DD/YYYY] \$	
	MILLCREEK TOWNSHIP	SUPERVISORS		04/17/2019	2 70
House # 3608	Street Address W	ST 26TH STREET		Description of Expenditure	
City ERIE		State PA	Zip Code 16506	INSURANCE- BOND FOR SIGNS	
To Whom Paid			Establish to the sides of Procure communication	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: 83-3772685	

Name of Creditor					•	Outstanding 8	alance of Debt
en one pro- positivo de	Street Addre	55		DATE DEBT I [MM/DD		•	
City			State	Zip Code			
Description of Debt				- International Control of Contro		distributed becomes	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Creditor							alance of Debt
House #	Street Addres	SS		DATE DEBT ([MM/DD		\$	
City		18330	State	Zip Cade			
Description of Debt					**************************************		
Name of Creditor							alance of Debt
House #	Street Addres			DATE DEBT I [MM/DD		S	
City		200	State	Zip Code		my a	
Description of Debt				I/////////////////////////////////////			
Name of Creditor	11						alance of Debt
House #	Street Addre	SS Miles		DATE DEBT I		\$.	,
City		300.000 ·	State	Zip Code			
Description of Debt					mirrara!	Tile and the second sec	
Name of Creditor						Outstanding B	alance of Debt
House#	Street Addres	SS		DATE DEBT I		\$	
Gity Landon Marine Santa		<u>8881</u>	State	Zip Code			
Description of Debt			The The Manner			200000000000000000000000000000000000000	
Name of Creditor				DATE DEBI I	ar Hoben	Outstanding B	alance of Debt
	Street Addres	. 2.		[MM/DD,	/YYYY]		
City			State	Zip Code			
Description of Debt	-						