



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	83-3772685	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT TERRY M SCUTELLA								
Street Address	4055 WEST 30TH STREET								
City	ERIE	State	PA	Zip Code	16506				

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 type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2019	05/15/2019	
A. Amount Brought Forward From Last Report	\$	0	<div>2019 MAY -6 PM 1:05 ERIE COUNTY VOTER REGISTRATION K</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,200	
C. Total Funds Available (Sum of Lines A and B)	\$	2,200	
D. Total Expenditures (From Schedule III)	\$	1,779.98	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	420.02	
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

3rd day of May 2019
Signature of James E Barr

My Commission expires 10 15 2022
MO. DAY YR.

Signature of Person Submitting report
JAMES E BARR

Printed Name

814

Area Code

384-0441

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. 20) amended.

Sworn to and subscribed before me this

3rd day of May 2019
Signature of Terry M Scutella

My Commission expires 10 15 2022
MO. DAY YR.

Signature of Candidate
TERRY M SCUTELLA

Printed Name

814

Area Code

838-4904

Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Cara Mayo, Notary Public
Erie County
My commission expires October 15, 2022
Commission number 1341790
Member, Pennsylvania Association of Notaries

Commonwealth of Pennsylvania - Notary Seal
Cara Mayo, Notary Public
Erie County
My commission expires October 15, 2022
Commission number 1341790
Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number

83-3772685

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	250
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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
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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>	\$	2,200
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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	83-3772685
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						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:	83-3772685
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
KEVIN & BARBARA KANTZ					03/18/2019			100
House #	10376	Street Address	ROUTE 98		Date [MM/DD/YYYY]		\$	
City	EDINBORO	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
RONALD & BARTHELMES					03/27/2019			100
House #	4103	Street Address	VASSAR DRIVE		Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
CHUCK & ANGIE IANNELLO					04/09/2019			200
House #	2315	Street Address	NINA DRIVE		Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
JUDITH WHEATON					03/29/2019			250
House #	1135	Street Address	CHESTNUT HILL DRIVE		Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16509	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:	83-3772685
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Full Name of Contributing Committee				LPAC ERIE		Date [MM/DD/YYYY]	\$	300
						03/15/2019		
House #	120	Street Address	WEST 10TH STREET			Date [MM/DD/YYYY]	\$	
City	ERIE		State	PA	Zip Code	16501	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:	83-3772685
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
CARMEN & ALICIA SCUTELLA					03/01/2019		\$	500
House #	2119	Street Address			Date [MM/DD/YYYY]		\$	
		WASHINGTON STREET					\$	
City	JAMESTOWN	State	NY	Zip Code	14701	Date [MM/DD/YYYY]		\$
								\$
Employer Name					Occupation		SELF EMPLOYED	
PETERSON OVERHEAD DOOR								
Employer Mailing Address / Principal Place of Business					2119 WASHINGTON STREET, JAMESTOWN, NY 14701			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
JOSEPH & DONNA PALERMO					03/23/2019		\$	500
House #	4226	Street Address			Date [MM/DD/YYYY]		\$	
		PRESTWICK DRIVE					\$	
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]		\$
								\$
Employer Name					Occupation		SELF EMPLOYED	
PALERMO REALTY & DEVELOPMENT								
Employer Mailing Address / Principal Place of Business					2500 PALERMO DRIVE, ERIE, PA 16506			
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:	83-3772685
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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									
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:

83-3772685

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)

\$

0

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer 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]		\$	
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: 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]		\$	
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: 83-3772685

To Whom Paid		DESANTIS SIGNS				Date [MM/DD/YYYY]	\$	270
						3/27/2019		
House #	540	Street Address		WEST 18TH STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	SIGNS		
To Whom Paid		COMMITTEE TO REELECT JOHN GROH				Date [MM/DD/YYYY]	\$	35
						03/27/2019		
House #	3608	Street Address		WEST 26TH STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16506	CONTRIBUTION- POLITICAL FUNDRAISER		
To Whom Paid		DESANTIS SIGNS				Date [MM/DD/YYYY]	\$	581.18
						4/5/2019		
House #	540	Street Address		WEST 18TH STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	SIGNS		
To Whom Paid		POSTNET				Date [MM/DD/YYYY]	\$	243.8
						04/05/2019		
House #	3330	Street Address		WEST 26TH ST #4		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16506	DOOR HANGERS		
To Whom Paid		ERIE COUNTY DEMOCRATIC PARTY				Date [MM/DD/YYYY]	\$	280
						04/05/2019		
House #	1305	Street Address		STATE STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	POLITICAL FUNDRAISER		
To Whom Paid		ERIE COUNTY DEMOCRATIC PARTY				Date [MM/DD/YYYY]	\$	100
						04/11/2019		
House #	1305	Street Address		STATE STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	PROGRAM AD		
To Whom Paid		MILLCREEK TOWNSHIP SUPERVISORS				Date [MM/DD/YYYY]	\$	270
						04/17/2019		
House #	3608	Street Address		WEST 26TH STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16506	INSURANCE- BOND FOR SIGNS		
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:	83-3772685
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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							