

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 2919 C 0 156 Report Filed By Candidate Committee X Lobbyist Lobbyist Dumber 2019 C 0 159						
Name of Filing Committee, Candidate or Sinnot Joseph Com to Elect						
Street Address 650 West 40 th St						
City ERIC State PA Zip. Gode 16509						
Type of Report (Place x under report type)						
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post 4-6 th Tuesday 5-2 nd Friday 6-30 Day Post 7-Annual Special 2 nd Friday Special 30 Day Pre-Primary Pre-Primary Pre-Election Pre-Election Pre-Election Pre-Election Pre-Election						
Date Of Election (MM/DD/YYYY) 5/21/19 Year 2019 Amendment Report Report						
Summary of Receipts and From Date For Office Use Only Expenditures						
4/2/19 5/6/19						
8: Total Monetary Contributions and Receipts \$ 44730.49						
(From Schedule I) 760 / 13						
(Sum of Lines A and B) 5 233 2 · 22						
(From Schedule III) E Ending Cash Balance						
(Subtract Line D from Line C) 48931.12 F. Value of In-Kind Contributions Received \$						
(From Schedule II) G. Unpaid Debts and Obligations \$ 770 C//						
G. Unpald Debts and Obligations (From Schedule: IV) Affidavit Section						
Part 1- 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						
Sworn to and subscribed before me this Sworn to and subscribed before me this Commonwealth of Pennsylvania of Person Submitting report. Ho						
Men Gumernean Jor NOTARIAL SEAL PayTH Light Enwalter						
1/ 20 Zoen City of Erie, Erie County / 4038619						
MO. DAY My Commission Expires Nove-2012020 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						
day of Will 20 19 Signature of Candidate 16						
Commonwealth of Pennsylvania Notany Seat						
Commonwealth of Pennsylvania-Notary Seal My Commission exhibition DelleCurti, Notary Public Area Code Area Code Daytime Telephone Number						
My Commission Expires February 25, 2022 Commission No. 1186974 Area Code Daytime Telephone Number Daytime Telephone Number						

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.

Sinnott Joseph	. Com to Elect
	Amount
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
1 Cienas of Doo	Merski 4/28/19 250.00
House # PO Street Address Box 667	Date [MM/DD/YYYY] \$
City State A A Zip Code	Date [MM/DD/YYYY] \$
ERIP	16512
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date (MM/DD/YYYY) \$
City State Zip Gode	Date [MM/DD/YYYY] \$ '
Full Name of Contributing	Date (MM/DD/YYYY) \$
Committee	The state of the s
House # Street Address	Date [MM/DD/YYYY] \$
State Zip Code	Date [MM/DD/YYYY] \$
	Pate IMITY/DD/ 1111 3
Full Name of Contributing. Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
	は対象
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing	Date MM/DD/YYY) SS
Committee	Date IMMIDD (111)
House # Street Address	Date [MM/DD/YYYY] \$
	()
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing	Date [MM/DD/YYYY] \$
Committee House # Street Address	E DESC. TAMAZON ZOVOUT SI (C.)
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.)

Sinnott Se Con to Elect

Full Name of Contributor	Mike Martin	9/25/19	100.00
5216	wolf RundR	Date [MM/DD/YYYY] S	
CHV ERIC	State PA Zip Code 16505	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Basil Ronzitti JR	Date [MM/DD/YYYY] \$	200.00
House # 4906 Stree	t-Address Amy Dr	Date [MM/dD/YYYY] \$	
City ERIP	State A Zip Code 16 50 Y	Date [MM/DD/XXX) S	
Full Name of Contributor	Merle Wood	Date [MM/DD/YYYY] \$	150.00
House # 1620 Street	West 24th	Date [MM/DD/YYYY] \$	
City ERIC	State PA Zip Code 16502	Date [MM/DD/YYYY] \$	2
Full Name of Contributor	Don Fessler Ja	Date [MM/DD/YYYY] \$	150.00
House # 6019 Stree	Cobblestono Dr	Date [MM/DD/YYYY] \$	
city ERIC	State PA Zip Code 16509	-Date [MM/DD/YYYY] \$	
Full Name of Contributor	Mary Jarvie	Date [MM/DD/YYYY] \$	250.00
House # Stree	West 6th	Date [MM/DD/YYYY] \$	
city ERIP	State PA Zip Code 1650 7	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Sharon Slomski	9/14/19	250.00
House # 3227	Sharon Slomski Address Regis Dr	Date [MM/DD/YYYY] S	
City ERIP	State PA Zip Code 16510	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 Idemification Number:	Sinnoth	Toseph	Com to Elect	

books on the order to the first of the order		
Full Name of Contributor Sean Su	9 / 4 / 1 9	200.00
House # 5367 Street Address Frazier St	Date [MM/DD/YYYY] \$	
ERIP State PA Zip Code 16510	Date [MM/DD/YYYY] 5	
Full Name of Contributor Mary To Campbell	5 /2 // 9	100.00
House # 5431 Street Address Linden Auf	Date [MM/DD/YYYY] \$	
Edinboro State PA Zip Code 16412	Date (MM//DD/XXXX) S	
Full Name of Contributor Mark Mioduszewski	Date [MM/DD/YYYY] \$	100.00
House # 1540 Street Address Taylor Ridge Ct City ERIC State DA Zip Code 16505	Date [MM/DD/YYYY] \$	
ERIC State DA Zip Code 16505	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] .5	
House# Street Address	Date [MM/DD/YYYY] S	
City State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/MM]	
House # Street Address	Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributor	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:	STANDI CON TO EPPCI	

Full Name of Contributor Mark Gusek	4/30/19 500.00
House # 5717 Street Address Clinton St.	Date [MM/DD/YYYY] \$
City Epic State PA Zip Code 16509	Date [MM/DD/YYYY] \$
Employer Name Williage of Lither Square	Occupation Executive Director
Employer Mailing Address / 149 West 22 St. ERIC	PA 16502
Full Name of Contributor Eric Mikovch	Date [MM/DD/YYYY] \$ 1000.00
House # 10290 Street Address IVarea Rd	*Date [MM/DD/YYYY] \$5
Cronesville State PA Zip Code 16410	Date [MM/DD/YYYY] \$
Employer Name QuiAN LOW FIM	Occupation Attorney
Employer Mailing Address / 2222 West Gradica 3/10.	Eric 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] 5
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	

PART F

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.

iler identification Number;	Sinnot Juseph	Con to flect	· · · · · · · · · · · · · · · · · · ·	
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Full Name		FIRA Noti	unal BANI	〈		
House #	Stre	et Address One	North Shu	re Conter		
City	*	Prisburgi	State	Zip Code /52/2	Date [MM/DD/YYYY]	\$ 1,73
Receipt Description		BONK	Interest			·
Füll Name		Joseph !	Simott			
House # 65 ()	Stre	et Address We S	1 40th St			
City		Epie	State P+	Zip Code 1650)9 Date [MM/DD/YYYY 5/4/19	3000.00
Receipt Description		LOAN	to COMA	H1PE		
Full Name					·	
House #	Stre	et Address			-	
City			State	Zip Code	Date [MM/DD/YYYY	<u> </u>
Receipt Description			•			,
Full Name						
House #	Stre	et Address				
City			State	Zip Code	:Date [MM/DD/YYYY	1 \$
Receipt Description						
Füll Name			:	•		
House#	Stre	et Address		,		
City			State :	Zip Code	Date [MM/DD/YYYY	<u>1</u>
Receipt Description		 -				
Full Name			,			
House #	Stree	et Address		·		
City			Staté	Zip Code	Date [MM/DD/YYYY	1 5
Receipt Description			। यहरुकाहरूका व	\$ 		p SeaM

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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Filer Identification Number	· · · · · · · · · · · · · · · · · · ·		-
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	1()		
An area or common extensive the part to provide the state of the state		10 0 4 4	

1:Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	1050.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	250.00
All Other Contributions (Part B)		\$	250.00 1500-00
Total for the reporting period	(2)	\$	1750-00
3. Contributions Over \$250:00 (From Part C and Part D)		Nos. Maios Noses	
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	1500.00
Total for the reporting period	(3)	\$	1500.00 1500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E			r de la companya de La companya de la co
Total for the reporting period	(4)	\$	3001.73
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, Re Cover Page, Item B)	port	\$	7601.73

Statement of Expenditures

Eller Identification Number:				
Sinnoff Joseph Com To Elect	Salada da Establish da da e	ODSTRA CO	m D G	· · · · · · · · · · · · · · · · · · ·

To Whom Paid ERIE Crawford Com Service Committee	5/1/19 160.00
House # 8620 Street Address Honey sucklo Dr	Description of Expenditure
City E218 State PA Zip Code 16509	Event Advert Donation
ERIC County Democratic Party	Date [MM/DD/YYYY] \$ 200.00
House # 13125 Street Address State St	Description of Expenditure
City ERIC State PA Zip Code 1650	Event Donation Ad
Printing Concepts	Date [MM/DD/YYYY] \$ 897.82
House # 4982 Street Address Pacific Ave	Description of Expenditure
City ER18 State PA Zip Code 16506	PrintingServices
Printing Concepts	Date [MM/DD/YYYY] \$ 2/38, 25
House# 4982 Street Address Pacific Ave	Description of Expenditure
City EIRIC State PA Code 16506	Printing Services
Pay Pal - Deposit Transfer Charge	Date [MM/DD/YYYY] \$ 5.03
House # Street Address	Description of Expenditure
City. State Zip Code	Bonk Charges
To Whom Paid	Date [MM/DD/YYYY] 5
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/XYYY] \$.
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.

*** ***** ***** ***	***************************************		_		 	
			7.1.11			
Pilotic Laboration Number						
Filer Identification Number:	/ 1r /	<i>^</i> ,	/ 1 /			
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	- 21h h Ø 11 - C	XIM 11)	1/1401			
	7/1/19 11 C	7011	<u> </u>			

Name of Creditor	Room 33		Outstanding Balance of Debt
House# Stree	et Address (L. J. (L	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State State	9/7/19 PA Zip 11501	775.84
Description of Debt	ERIC Event Refreshments	PA code 16501	
	Event Ketreshments		Volument Technique
Name of Creditor		DATE DEBT INCURRED	Outstanding Balance of Debt
House# Stree	et Address	[MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House# Stree	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City Control of the C	State	Zip Code	
Description of Debt			N62891
Name of Creditor			Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$ 1
City	State	Zip	
		Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
	ët Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt	102000年至四级设施	The second secon	
Name of Creditor			Outstanding Balance of Debt
House # Stree	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
Gity	State	Zip Code	
Description of Debt	Patrick Company of Marian	- International Control of the Contr	