

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	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		CAMPAIGN to Elect Antonio Stapp for City Council				
Street Address		127 E 22nd St.				
City	State	Zip Code				
ERIE	PA	16503				
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)		Year		Amendment Report		Termination Report		
05/21/2019		2019		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
	03/13/2019	05/06/2019
A. Amount Brought Forward From Last Report	\$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1673.00
C. Total Funds Available (Sum of Lines A and B)	\$	1673.00
D. Total Expenditures (From Schedule III)	\$	1567.09
E. Ending Cash Balance (Subtract Line D from Line C)	\$	105.91
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	180.00

For Office Use Only

ERIE COUNTY
TERREGISTRATION
MAY - 9 PM 1:19

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 and exhibits, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this
9th day of May 20 19
Tonio Fernandez
Signature
My Commission expires 4-3-23
MO. DAY YR.

Signature of Person Submitting report
TATIANA Y. BARNETT
Printed Name
814 392-7731
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Public
Tonio Fernandez, Notary Public
Erie County
My Commission expires April 3, 2023
Commission number 1288912

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
9th day of May 20 19
Tonio Fernandez
Signature
My Commission expires 4-3-23
MO. DAY YR.

Signature of Candidate
Antonio Stapp
Printed Name
814 504-0183
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Tonio Fernandez, Notary Public
Erie County
My Commission expires April 3, 2023
Commission number 1288912

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number

Antonio Stapp

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

Total for the reporting period (1) \$ *610.00*

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)

\$

1,063.00

Total for the reporting period (2) \$ *1,063.00*

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) \$ *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)

\$

1,673.00

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						Antonio Stapp					
										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										Antonio Stapp															
Full Name of Contributor										Tatiana Barnett										Date [MM/DD/YYYY]		03/13/2019		25.00	
House #		Street Address								Date [MM/DD/YYYY]		03/18/2019		100.00											
		2116 Glendale Ave																							
City		ERIE				State		PA		Zip Code		16510		Date [MM/DD/YYYY]		03/31/2019		80.00							
Full Name of Contributor										Tatiana BARNETT										Date [MM/DD/YYYY]		04/01/2019		32.00	
House #		Street Address								Date [MM/DD/YYYY]		04/02/2019		132.00											
		2116 Glendale Ave																							
City		ERIE				State		PA		Zip Code		16510		Date [MM/DD/YYYY]											
Full Name of Contributor										BRYAN BARNES										Date [MM/DD/YYYY]		03/31/2019		100.00	
House #		Street Address								Date [MM/DD/YYYY]															
		3902 CALICO DR																							
City		ERIE				State		PA		Zip Code		16506		Date [MM/DD/YYYY]											
Full Name of Contributor										Andrew Urbaniak & FAMILY										Date [MM/DD/YYYY]		04/08/2019		100.00	
House #		Street Address								Date [MM/DD/YYYY]															
		6263 Knoyle Rd																							
City		ERIE				State		PA		Zip Code		16510		Date [MM/DD/YYYY]											
Full Name of Contributor										JASON Porreco										Date [MM/DD/YYYY]		04/03/2019		250.00	
House #		Street Address								Date [MM/DD/YYYY]															
		4386 Stone Creek Dr.																							
City		ERIE				State		PA		Zip Code		16506		Date [MM/DD/YYYY]											
Full Name of Contributor										Antonio Stapp										Date [MM/DD/YYYY]		04/03/2019		244.00	
House #		Street Address								Date [MM/DD/YYYY]															
		127 E 22nd St.																							
City		ERIE				State		PA		Zip Code		16503		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 <i>Antonio Stapp</i>

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)	\$
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	Antonio Stapp
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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	Antonio Stapp
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Full Name								
House #		Street Address						
City			State		Zip Code		Date (MM/DD/YYYY)	SS
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date (MM/DD/YYYY)	SS
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date (MM/DD/YYYY)	SS
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date (MM/DD/YYYY)	SS
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date (MM/DD/YYYY)	SS
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	Antonio Stapp
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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 F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTIONS 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

File Identification Number	Antonio Stapp
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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	
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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	
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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	
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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	
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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	
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SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number <i>Antonio Stapp</i>

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)			
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)			
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)			
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)			
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)			
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			

SCHEDULE III
Statement of Expenditures

Identifier Number: Antonio Stopp					
To Whom Paid		Date (MM/DD/YYYY)		S	
PAYPAL		03/26/2019		36.44	
House #	Street Address	Description of Expenditure			
	12510 MICRO DRIVE				
City	State	Zip Code			
MIRA LOMA	CA	91752	Chip AND SWIPE CARD READER		
To Whom Paid		Date (MM/DD/YYYY)		S	
UPS STORE		03/21/2019		65.54	
House #	Street Address	Description of Expenditure			
	707 W 38th St.				
City	State	Zip Code			
ERIE	PA	16508	Business CARDS, FLYERS		
To Whom Paid		Date (MM/DD/YYYY)		S	
UPS STORE		03/30/2019		40.21	
House #	Street Address	Description of Expenditure			
	707 W 38th St.				
City	State	Zip Code			
ERIE	PA	16508			
To Whom Paid		Date (MM/DD/YYYY)		S	
PLYMOUTH		03/31/2019		345.04	
House #	Street Address	Description of Expenditure			
	1109 State St				
City	State	Zip Code			
ERIE	PA	16501	Meet-n-GREET location		
To Whom Paid		Date (MM/DD/YYYY)		S	
FAST SIGNS		04/01/2019		193.45	
House #	Street Address	Description of Expenditure			
	144 W. 12th St				
City	State	Zip Code			
ERIE	PA	16501	Buttons		
To Whom Paid		Date (MM/DD/YYYY)		S	
Delta Sigma Theta Sorority, INC		04/03/2019		120.00	
House #	Street Address	Description of Expenditure			
	P.O. BOX 11301				
City	State	Zip Code			
ERIE	PA	16514	2 SOCIAL ACTION luncheon tickets and half page booklet ad		
To Whom Paid		Date (MM/DD/YYYY)		S	
ERIE - CRAWFORD CLC		04/03/2019		85.00	
House #	Street Address	Description of Expenditure			
	32 West 8th St. Suite 604				
City	State	Zip Code			
ERIE	PA	16501	2 DINNER tickets and a Business CARD size Ad		
To Whom Paid		Date (MM/DD/YYYY)		S	
Community Acces Media		04/18/2019		50.00	
House #	Street Address	Description of Expenditure			
	142 W. 12th St.				
City	State	Zip Code			
ERIE	PA	16501	Access to the CANDIDATES Recordings/VIDEOS		

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Antonio Stapp

To Whom Paid		Date (MM/DD/YYYY)		\$
Delta Sigma Theta Sorority		04/27/2019		10.00
House #	Street Address	Description of Expenditure		
	PO BOX 11301			
City	State	Zip Code		
ERIE	PA	16514	SOCIAL ACTION Luncheon Donation	
To Whom Paid		Date (MM/DD/YYYY)		\$
UPS STORE		05/03/2019		60.89
House #	Street Address	Description of Expenditure		
	707 W. 38th St			
City	State	Zip Code		
ERIE	PA	16508	FLYERS	
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.

Filler Identification Number	Antonio Selapp
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Name of Creditor	Tommy Lee				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)			\$ 180.00
City	State	Zip	Code	04/22/2019	
Description of Debt	Tshirts for MARKETING Purposes				

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					