

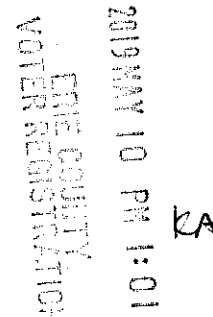
## Commonwealth of Pennsylvania - Campaign Finance Report

(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 | Freda Tepfer             |           |                                     |           |                          |          |                          |
| Street Address                                  | 1738 W 23rd St           |           |                                     |           |                          |          |                          |
| City  | Erie                     | State     | PA                                  | Zip Code  | 16502                    |          |                          |

Type of Report (Place x under report type)

|  |                                       |                          |   |  |                          |                          |   |                              |
|--|---------------------------------------|--------------------------|---|--|--------------------------|--------------------------|---|------------------------------|
| 1- 6 <sup>th</sup> Tuesday Pre-Primary | 2- 2 <sup>nd</sup> Friday Pre-Primary | 3- 30 Day Post Primary   | 4- 6 <sup>th</sup> Tuesday Pre-Election | 5- 2 <sup>nd</sup> Friday Pre-Election | 6- 30 Day Post Election  | 7- Annual                | Special 2 <sup>nd</sup> 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 type="checkbox"/>                    |                              |

| Summary of Receipts and Expenditures                           | From Date  | To Date    | For Office Use Only  |
|--|------------|------------|--|
|  | 03/01/2010 | 05/06/2019 |  |
| A. Amount Brought Forward From Last Report                     | \$         |            |  |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$         |            |  |
| C. Total Funds Available (Sum of Lines A and B)                | \$         |            |  |
| D. Total Expenditures (From Schedule III)                      | \$         | 835.7      |  |
| E. Ending Cash Balance (Subtract Line D from Line C)           | \$         | -835.7     |  |
| F. Value of In-Kind Contributions Received (From Schedule II)  | \$         |            |  |
| G. Unpaid Debts and Obligations (From Schedule IV)             | \$         |            |  |

## Affidavit Section

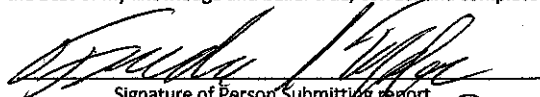
Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on pages 2 to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

10<sup>th</sup> day of May 20 19  
 Kimbly Alexander  
 Signature

My Commission expires 10 31 2019  
 MO. DAY YR.

  
 Signature of Person Submitting Report  
 Freda S Tepfer  
 Printed Name

814 520-8281  
 Area Code Daytime Telephone Number

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

I swear (or affirm) that to the best of my knowledge and belief this authorized 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 \_\_\_\_\_ 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   | Freda Tepper |     |       |
| <b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>   |              |     |       |
| Total for the reporting period  |              | (1) | \$ NA |
| <b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>   |              |     |       |
| Contributions Received from Political Committees (Part A)   |              | \$  | NA    |
| All Other Contributions (Part B)  |              | \$  |       |
| Total for the reporting period  |              | (2) | \$    |
| <b>3. Contributions Over \$250.00 (From Part C and Part D)</b>  |              |     |       |
| Contributions Received from Political Committees (Part C)   |              | \$  | NA    |
| All Other Contributions (Part D)  |              | \$  |       |
| Total for the reporting period  |              | (3) | \$    |
| <b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>  |              |     |       |
| Total for the reporting period  |              | (4) | \$ NA |
| 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> |              | \$  |       |

## 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 | Freda Tepler |
|-----------------------------|--------------|

|                                     |  |       |  |          |  | Date [MM/DD/YYYY] | Amount |
|-------------------------------------|--|-------|--|----------|--|-------------------|--------|
| Full Name of Contributing Committee |  |       |  |          |  |                   |        |
| House #                             |  |       |  |          |  | Date [MM/DD/YYYY] | \$     |
| Street Address                      |  |       |  |          |  |                   |        |
| City                                |  | State |  | Zip Code |  | Date [MM/DD/YYYY] | \$     |
| Full Name of Contributing Committee |  |       |  |          |  |                   |        |
| House #                             |  |       |  |          |  | Date [MM/DD/YYYY] | \$     |
| Street Address                      |  |       |  |          |  |                   |        |
| City                                |  | State |  | Zip Code |  | Date [MM/DD/YYYY] | \$     |
| Full Name of Contributing Committee |  |       |  |          |  |                   |        |
| House #                             |  |       |  |          |  | Date [MM/DD/YYYY] | \$     |
| Street Address                      |  |       |  |          |  |                   |        |
| City                                |  | State |  | Zip Code |  | Date [MM/DD/YYYY] | \$     |
| Full Name of Contributing Committee |  |       |  |          |  |                   |        |
| House #                             |  |       |  |          |  | Date [MM/DD/YYYY] | \$     |
| Street Address                      |  |       |  |          |  |                   |        |
| City                                |  | State |  | Zip Code |  | Date [MM/DD/YYYY] | \$     |
| Full Name of Contributing Committee |  |       |  |          |  |                   |        |
| House #                             |  |       |  |          |  | Date [MM/DD/YYYY] | \$     |
| Street Address                      |  |       |  |          |  |                   |        |
| City                                |  | State |  | Zip Code |  | Date [MM/DD/YYYY] | \$     |
| Full Name of Contributing Committee |  |       |  |          |  |                   |        |
| House #                             |  |       |  |          |  | Date [MM/DD/YYYY] | \$     |
| Street Address                      |  |       |  |          |  |                   |        |
| City                                |  | State |  | Zip Code |  | Date [MM/DD/YYYY] | \$     |
| Full Name of Contributing Committee |  |       |  |          |  |                   |        |
| House #                             |  |       |  |          |  | Date [MM/DD/YYYY] | \$     |
| Street Address                      |  |       |  |          |  |                   |        |
| 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: | Freda Tepler |
|------------------------------|--------------|

|                          |                |                   |                   |                   |    |  |
|--------------------------|----------------|-------------------|-------------------|-------------------|----|--|
| Full Name of Contributor |                |                   |                   | Date [MM/DD/YYYY] | \$ |  |
| NA                       |                |                   |                   |                   |    |  |
| 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] | \$                |    |  |
| 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] | \$                |    |  |
| 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: | Freda Tepler |
|------------------------------|--------------|

|                                     |  |                |  |                   |                   |    |  |
|-------------------------------------|--|----------------|--|-------------------|-------------------|----|--|
| Full Name of Contributing Committee |  |                |  | Date [MM/DD/YYYY] |                   | \$ |  |
| NA                                  |  |                |  |                   |                   |    |  |
| 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)

|                              |              |
|------------------------------|--------------|
| Filer Identification Number: | Freda Tepfer |
|------------------------------|--------------|

|   |                |          |            |                   |                      |    |
|---|----------------|----------|------------|-------------------|----------------------|----|
| Full Name of Contributor                                  |                |          |            | Date [MM/DD/YYYY] |                      | \$ |
| NA  |                |          |            |                   |                      |    |
| House #   | Street Address |          |            | Date [MM/DD/YYYY] |                      | \$ |
|   |                |          |            |                   |                      |    |
| City  | State          | Zip Code |            |                   | Date [MM/DD/YYYY] \$ |    |
|   |                |          |            |                   |                      |    |
| Employer Name   |                |          | Occupation |                   |                      |    |
|   |                |          |            |                   |                      |    |
| Employer Mailing Address /<br>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 /<br>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 /<br>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 /<br>Principal Place of Business |                |          |            |                   |                      |    |
|   |                |          |            |                   |                      |    |

## PART E

## Other Receipts

REFUNDS, INTEREST 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: | Freda Tepler |
|------------------------------|--------------|

|                     |    |                |  |          |  |                   |    |  |
|---------------------|----|----------------|--|----------|--|-------------------|----|--|
| Full Name           | NA |                |  |          |  |                   |    |  |
| 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  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

|                              |                     |
|------------------------------|---------------------|
| Filer Identification Number: | <i>Freda Tepler</i> |
|------------------------------|---------------------|

|                             |                |  |          |                   |  |    |  |
|-----------------------------|----------------|--|----------|-------------------|--|----|--|
| Full Name of Contributor    |                |  |          | Date [MM/DD/YYYY] |  | \$ |  |
| <i>NA</i>                   |                |  |          |                   |  |    |  |
| 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**

**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: | Freda Tepfer |
|------------------------------|--------------|

|   |     |       |
|---|-----|-------|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR |     |       |
| TOTAL for the reporting period  | (1) | \$ NA |

|  |     |       |
|--|-----|-------|
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) |     |       |
| TOTAL for the reporting period   | (2) | \$ NA |

|  |     |       |
|--|-----|-------|
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) |     |       |
| TOTAL for the reporting period                                     | (3) | \$ NA |

|   |  |       |
|---|--|-------|
| 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) |  | \$ NA |
|---|--|-------|

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

|                              |              |
|------------------------------|--------------|
| Filer Identification Number: | Freda Tepler |
|------------------------------|--------------|

|  |                |       |  |                             |  |                   |    |
|--|----------------|-------|--|-----------------------------|--|-------------------|----|
| Full Name of Contributor                               |                |       |  | Date [MM/DD/YYYY]           |  | \$                |    |
| N/A  |                |       |  |                             |  |                   |    |
| 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: | Freda Tepfer |
|------------------------------|--------------|

|   |  |                                   |  |                 |                               |   |          |  |
|---|--|-----------------------------------|--|-----------------|-------------------------------|---|----------|--|
| To Whom Paid: Erie County Public Library      |  |                                   |  |                 | Date [MM/DD/YYYY]: 03/01/2019 |   | \$ 10    |  |
| House #:                                      |  | Street Address: 160 E Front St    |  |                 | Description of Expenditure:   |   |          |  |
| City: Erie                                    |  | State: PA                         |  | Zip Code: 16507 |                               | Printing of Large Scale District Maps             |          |  |
| To Whom Paid: County of Erie                  |  |                                   |  |                 | Date [MM/DD/YYYY]: 03/05/2019 |   | \$ 10    |  |
| House #:                                      |  | Street Address: 140 W 6th Street  |  |                 | Description of Expenditure:   |   |          |  |
| City: Erie                                    |  | State: PA                         |  | Zip Code: 16501 |                               | Campaign Filing Fee                               |          |  |
| To Whom Paid: Birosack Printing               |  |                                   |  |                 | Date [MM/DD/YYYY]: 03/18/2019 |   | \$ 312.7 |  |
| House #:                                      |  | Street Address: 1919 Peach Street |  |                 | Description of Expenditure:   |   |          |  |
| City: Erie                                    |  | State: PA                         |  | Zip Code: 16502 |                               | Print Posters and hand cards                      |          |  |
| To Whom Paid: International Bakery            |  |                                   |  |                 | Date [MM/DD/YYYY]: 03/18/2019 |   | \$ 18    |  |
| House #:                                      |  | Street Address: 610 W 18th St     |  |                 | Description of Expenditure:   |   |          |  |
| City: Erie                                    |  | State: PA                         |  | Zip Code: 16502 |                               | Cookies for Announcement                          |          |  |
| To Whom Paid: County of Erie                  |  |                                   |  |                 | Date [MM/DD/YYYY]: 03/20/2019 |   | \$ 35    |  |
| House #:                                      |  | Street Address: 140 W 6th Street  |  |                 | Description of Expenditure:   |   |          |  |
| City: Erie                                    |  | State: PA                         |  | Zip Code: 16501 |                               | Supervoter list from County Elections             |          |  |
| To Whom Paid: Erie County Democratic Party    |  |                                   |  |                 | Date [MM/DD/YYYY]: 03/21/2019 |   | \$ 150   |  |
| House #:                                      |  | Street Address: 1305 State St     |  |                 | Description of Expenditure:   |   |          |  |
| City: Erie                                    |  | State: PA                         |  | Zip Code: 16501 |                               |   |          |  |
| To Whom Paid: Freda Tepfer for County Council |  |                                   |  |                 | Date [MM/DD/YYYY]: 03/22/2019 |   | \$ 300   |  |
| House #:                                      |  | Street Address: 1738 W 23rd St    |  |                 | Description of Expenditure:   |   |          |  |
| City: Erie                                    |  | State: PA                         |  | Zip Code: 16502 |                               | Loan to campaign as campaign account Bank Deposit |          |  |
| 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: | Freda Tepler |
|------------------------------|--------------|

|                     |                |                                    |  |  |                             |  |
|---------------------|----------------|------------------------------------|--|--|-----------------------------|--|
| Name of Creditor    |                |                                    |  |  | Outstanding Balance of Debt |  |
| House #             | Street Address | DATE DEBT INCURRED<br>[MM/DD/YYYY] |  |  | \$                          |  |
|                     |                |                                    |  |  |                             |  |
| City                | State          | Zip Code                           |  |  |                             |  |
| Description of Debt |                |                                    |  |  |                             |  |
| Name of Creditor    |                |                                    |  |  | Outstanding Balance of Debt |  |
| House #             | Street Address | DATE DEBT INCURRED<br>[MM/DD/YYYY] |  |  | \$                          |  |
|                     |                |                                    |  |  |                             |  |
| City                | State          | Zip Code                           |  |  |                             |  |
| Description of Debt |                |                                    |  |  |                             |  |
| Name of Creditor    |                |                                    |  |  | Outstanding Balance of Debt |  |
| House #             | Street Address | DATE DEBT INCURRED<br>[MM/DD/YYYY] |  |  | \$                          |  |
|                     |                |                                    |  |  |                             |  |
| City                | State          | Zip Code                           |  |  |                             |  |
| Description of Debt |                |                                    |  |  |                             |  |
| Name of Creditor    |                |                                    |  |  | Outstanding Balance of Debt |  |
| House #             | Street Address | DATE DEBT INCURRED<br>[MM/DD/YYYY] |  |  | \$                          |  |
|                     |                |                                    |  |  |                             |  |
| City                | State          | Zip Code                           |  |  |                             |  |
| Description of Debt |                |                                    |  |  |                             |  |
| Name of Creditor    |                |                                    |  |  | Outstanding Balance of Debt |  |
| House #             | Street Address | DATE DEBT INCURRED<br>[MM/DD/YYYY] |  |  | \$                          |  |
|                     |                |                                    |  |  |                             |  |
| City                | State          | Zip Code                           |  |  |                             |  |
| Description of Debt |                |                                    |  |  |                             |  |