

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 Filer, Committee, Candidate or Lobbyist		Robert Joseph Trowner			
Street Address		4683 Parkwood Dr			
City		State	Zip Code		
Erie		PA	16510		

Type of Report (Place x under report type)

1-6 Tuesday Pre-Primary	2-4 Friday Pre-Primary	3-30 Day Post-Primary	4-6 Tuesday Pre-Election	5-20 Friday Pre-Election	6-30 Day Post-Election	7-Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input checked="" 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			
5/21/2019		2019	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date
	11/3/19	5/16/19
A. Amount Brought Forward from Last Report	\$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	5890
C. Total Funds Available (Sum of Lines A and B)	\$	5890
D. Total Expenditures (From Schedule III)	\$	5387.98
E. Ending Cash Balance (Subtract Line D from Line C)	\$	502.02
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-
G. Unpaid Debts and Obligations (From Schedule IV)	\$	4000

For Office Use Only

2019 MAY -6 AM 9:51

ERIE COUNTY VOTER REGISTRATION

D*

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

16th day of May 2019

Cassandra Donnell
Signature

Robert Trowner
Signature of Person Submitting report
Printed Name
814
Area Code
882 9541
Daytime Telephone Number

My Commission expires 01 21 2020
MO. DAY YR.

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

16th day of May 2019

Cassandra Donnell
Signature

Robert Trowner
Signature of Candidate
Printed Name
814
Area Code
923 1682
Daytime Telephone Number

My Commission expires 01 21 2020
MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
CASSANDRA DONNELL - Notary Public
Erie County
My Commission Expires Jan 21, 2020
Commission Number 1295787

Commonwealth of Pennsylvania - Notary Seal
CASSANDRA DONNELL - Notary Public
Erie County
My Commission Expires Jan 21, 2020
Commission Number 1295787

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																			
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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)	
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.)

File Identification Number	
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Full Name of Contributor	Harry & Cookie Retzner			Date (MM/DD/YYYY)	03/04/2019	\$	100.00
House #	3355	Street/Address	Hoover Heights	Date (MM/DD/YYYY)		\$	
City	Harborcreek	State	PA	Zip Code	16421	Date (MM/DD/YYYY)	
Full Name of Contributor	William Matteson			Date (MM/DD/YYYY)	03/04/2019	\$	250.00
House #	2230	Street/Address	Bernwood Drive	Date (MM/DD/YYYY)		\$	
City	Erle	State	PA	Zip Code	16510	Date (MM/DD/YYYY)	
Full Name of Contributor	John Palmer Jr.			Date (MM/DD/YYYY)	03/04/2019	\$	100.00
House #	2312	Street/Address	Hunter Ridge Dr.	Date (MM/DD/YYYY)		\$	
City	Erle	State	PA	Zip Code	1651	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									
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	
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Full Name of Contributor		Robert Burmanco (USATTS)		Date (MM/DD/YYYY)	02/01/2019	500.00
House #	Street Address	5701 Glenview Drive		Date (MM/DD/YYYY)		
City	State	Zip Code	PA	116509		
Employer Name		USATTS (Self-Employed)		Occupation	Self-employed	
Employer Mailing Address / Principal Place of Business		5701 Glenview Drive Erie, PA 11650				
Full Name of Contributor		Bobbe' Desirée Troutner		Date (MM/DD/YYYY)	01/03/2019	\$1,800
House #	Street Address	4683 Parkwood Drive		Date (MM/DD/YYYY)		
City	State	Zip Code	PA	116510		
Employer Name		Preditax Services LLC		Occupation	self-employed	
Employer Mailing Address / Principal Place of Business		4683 Parkwood Drive Erie, PA 116510				
Full Name of Contributor				Date (MM/DD/YYYY)		
House #	Street Address			Date (MM/DD/YYYY)		
City	State	Zip Code				
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				
Employer Name				Occupation		
Employer Mailing Address / 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.

Plan Identification Number	
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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
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

EIC Identification Number															
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

Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		
City		State		Zip Code		
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)		
City		State		Zip Code		
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)		
City		State		Zip Code		
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)		
City		State		Zip Code		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

File Identification Number			
1. Unitemized Contributions and Receipts \$50.00 or less per Contributor			
Total for the reporting period		(1)	\$ 140.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)		\$	450.00
Total for the reporting period		(2)	\$ 450.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	5300.00
Total for the reporting period		(3)	\$ 5300.00
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 5890.00
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)		\$	5890.00

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**

1. Name of the organization	
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2. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

3. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500.01 TO \$2500.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

4. IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$2500.00 (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 III
Statement of Expenditures

File/Receipt Number						
To Whom Paid		Info Group		Date (MM/DD/YYYY)	03/19/2019	236.40
House #	1020	Street Address	100 East 1st Street		Description of Expenditure	
City	Papillion	State	NE	Zip Code	68046	Email Marketing
To Whom Paid		Harborcreek Township		Date (MM/DD/YYYY)	03/15/2019	550.00
House #	5601	Street Address	1 Buffalo Road		Description of Expenditure	
City	Harborcreek	State	PA	Zip Code	16421	Magazine Ad.
To Whom Paid		Fiddle Inn		Date (MM/DD/YYYY)	03/15/2019	270.00
House #	6665	Street Address	Buffalo Road		Description of Expenditure	
City	Harborcreek	State	PA	Zip Code	16421	Event for Campaign (Venue)
To Whom Paid		Tri County Letter		Date (MM/DD/YYYY)	02/08/2019	617.08
House #	2904	Street Address	Shannon Road		Description of Expenditure	
City	ERIC	State	PA	Zip Code	16510	postage mailing advertising
To Whom Paid		USATTS		Date (MM/DD/YYYY)	02/04/2019	625
House #	5701	Street Address	Glenview Drive		Description of Expenditure	
City	Erie	State	PA	Zip Code	16509	Flyers for advertising
To Whom Paid		Michael Gorfido		Date (MM/DD/YYYY)	02/04/2019	580.00
House #	755	Street Address	First NE		Description of Expenditure	
City	Massillon	State	OH	Zip Code	44646	Campaign Advertising Materials
To Whom Paid		Robert Natalo		Date (MM/DD/YYYY)	01/29/2019	525.00
House #	1404	Street Address	East 35th Street		Description of Expenditure	
City	Erie	State	PA	Zip Code	16504	Campaign Website
To Whom Paid		Michael Gorfido		Date (MM/DD/YYYY)	01/28/2019	1984.50
House #	755	Street Address	FIRST NE		Description of Expenditure	
City	Massillon	State	OH	Zip Code	44646	Campaign Advertising Materials

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.

Filter Identification Number	
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Name of Creditor					Outstanding Balance of Debt	
Robert A Desrosier Teacher						
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		State		
4683	4000 Parkway Dr Eric					
City	State	Zip Code				
Essex	MA	01650				
Description of Debt						
1171.9						

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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		State		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		State		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		State		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		State		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		State		
City	State	Zip Code				
Description of Debt						