Commonwealth of Pennsylvania - Campaign Finance Report

		(Note: I	nis re	port mus	st be	clear an	d legible	. It sho	uld be type	d)			
Filer Identification Number		-4759048		ort Filed (ork X)	Ву	Candid	ate		Committee	2	X	Lobbyis	st
Name of Filing Co Lobbyist	mmittee, Ca	ndidate or	Сотп	nitee to Ele	ect Jack	Lee						-	
Street Address			8620	Honeysuck	de Driv	e							
City	Erie					State	PA		Zip Code	16509			
Type of Report (Pl													
1- 6 th Tuesday 2 Pre-Primary P	!- 2 nd Friday Pre-Primary	3- 30 Day Post Primary		Tuesday lection		^d Friday Election	1	ay Post 1	7- Annual	Special 2 Pre-Elec	nd Friday tion	Special Post-Ele	3
		X											
Date Of Election (MM/DD/YYYY)		05/21/2019	Year				Amend Report	ment		Termina Report	tion		
Summary of Rece Expenditures	ipts and	From Date		To Date	2				For	Office Use	Only		
A. Amount Broug	ht Forward F	05/07/2019 rom Last Report	: \$		/10/20							, , .,	
B. Total Monetary (From Schedule I)		ns and Receipts	\$		779.80 500.00		ĺ						
C. Total Funds Ava	ailable	·	\$:	1279.8	 D	1			45 - 1.7 9 14 - 14 - 14 14 - 14 - 14 - 14 - 14 - 1	<u></u>		
D. Total Expenditu (From Schedule III	ures I)		\$		369.27 San								
E. Ending Cash Ba (Subtract Line D fr	rom Line C)		\$		910.53	I					177)	1	
F. Value of In-Kind (From Schedule II))		\$		0.00					() e		· 👃	
G. Unpaid Debts a (From Schedule IV		ns	\$		0.00					:	- 1	, ~)	
Part 1- If this is a Cor				hia ia a 🗢		ffidavit Se				ž.,			
I swear (or affirm) the Sworn to and subscrite day of Sign My Commission expired	at this report, ibed before me TUNE Submignature res 4 MO.	including the attace this 20 /9 / 202 DAY YR.	ched so	hedules or	ı paper	, is to the	best of my S Senise A. Le 14 Area Code	knowled 	of Person Subm Printed Nam 882	See nitting repor	<u></u>	Commission Number 12	ennsylvania - N BIN - Notary Pul e County
Part II- If this is a rep I swear (or affirm) th amended.								lated any	provisions of	the Act of Ju	ne 3, 1937 (P.L. 1333, I	3 <u>05</u> NO.320) y es
Sworn to and subscri	In for mature	ethis 20 [a Yande 3-23 DAY VR.	<u>.</u> ජි			8	dk F. Lee, Ji 14 Area Code	<u>. </u>	ature of Candi Printed Name 823-9 Days		one Number		Tonia Fernandez, Notary Fublic Erie County My commission expires April 3, 202 Commission number 1288912

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	36-4759048	,			-
			·	*	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	3) \$
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)	\$
Total for the reporting period (2)	2) \$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)) \$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)) \$
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)	\$ t

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

		36-4759	9048			:
		1				Amount
Full Na Commi	me of Contribut ttee	ing			Date [MM/DD/YYYY]	\$ ·
House #	#	l Street Address			Date [MM/DD/YYYY]	\$
City	1.		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nai Commit	me of Contributi ttee	ng			Date [MM/DD/YYYY]	\$
House #	\$	Street Address			Date [MM/DD/YYYY]	\$
City	1		State	Zip Code	Date [MM/DD/YYYY]	\$
Fulf Nar Commit	me of Contributi Itee	ng			Date [MM/DD/YYYY]	\$
House #	*	Street Address			Date [MM/DD/YYYY]	\$
City		4	State	Zip Code	Date [MM/DD/YYYY]	\$
Commit			:		Date [MM/DD/YYYY]	\$
House #	\$ S	itreet Address			Date [MM/DD/YYYY]	\$
City		'	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nar Commit	ne of Contributi Itee	ng			Date [MM/DD/YYYY]	\$
House #	S	itreet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Commit					Date [MM/DD/YYYY]	\$
House #	S	treet 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.)

The identification	36-4759048					
Full Name of Con	itributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Con	itributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
		·· <u>·</u>				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
- Union of Con		r.		to the standard of the standard		
Full Name of Con		1		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
		 				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
ARR						
Full Name of Cont	tributor	:	·	Date [MM/DD/YYYY]	\$	
		*				
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
			·			
Full Name of Cont	tributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cont	e sterre and			The first in the following		
Full Mame of Com	ributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	•
11/2				,	1	÷

State

Zip Code

Date [MM/DD/YYYY] \$

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

	50 47 55048					
Full Name of		***		Date [MM/DD/YYYY]	\$	<u> </u>
Contributing Co	mmittee]	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	7in Code	Data Inene (DO (WOOV)		
Lity		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of	•••			Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee					
House #	Street Address	-	, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]	\$	
					1	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	THE CONTRACT
City		State	Zip Code	Date [www/DD/1111]	>	
e di Niena ak				- Janeine benne		
Full Name of Contributing Co	nmittaa			Date [MM/DD/YYYY]	\$	
Continuing Co.	IIIIIIIIIEE					
House #	Street Address	·		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
		7		Pare franchest	*	
Full Name of				Date [MM/DD/YYYY]	\$:
Contributing Cor	nmittee			pare finish political	7	
	<u> </u>					<u>. </u>
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	I	State	Zip Code	Date [MM/DD/YYYY]	\$, , , , , , , , , , , , , , , , , , ,
				-		
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Con	nmittee					
House #	Street Address			D-to (AANA/DD/WWW)		
nouse #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					1	
Full Name of				Date [MM/DD/YYYY]	\$	·
Contributing Con	nmittee					
House #	Street Address		** ** * America William	Date [MM/DD/YYYY]	\$	
				Jule [, 55, 1.11]	•	
			····			
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:			
	36-4759048		

Full Name of Cont					Date [MM/DD/YYYY]	\$
		kmire and Suzanne H	lopkins		05/12/2019	500.00
House #	Street Address				Date [MM/DD/YYYY]	\$
2055		Edinboro Road				
City Erie		State PA	Zip Code	16509	Date [MM/DD/YYYY]	\$
Employer Name			<u></u>	<u> </u>	Occupation	
Employer Mailing A		1				
44					To see Inn hanny	-
Full Name of Conti	ributor				Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	. \$
						$\exists \mathbf{I}$
City		State	Zip Code		Date [MM/DD/YYYY]	. <u>.</u> . * \$: .
Employer Name					Occupation	<u> </u>
Employer Mailing / Principal Place of 8		1				,
Full Name of Contr					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code	\top	Date [MM/DD/YYYY]	\$
						7.
Employer Name					Occupation	
Employer Mailing A Principal Place of B	Business					
Full Name of Contr	ibutor		-	A	Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
					-	
City		State	Zip Code	. 🗍	Date [MM/DD/YYYY]	\$
			The William St.			
Employer Name		•		1	Occupation	, <u>,,, , , , , , , , , , , , , , , , , ,</u>
Employer Mailing A Principal Place of B			2-1/2			

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:

	36-4759048			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Lyst 1			
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	N. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
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 RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: 36-4	4759048		
			,
UNITEMIZED IN-KIND CO	NTRIBUTIONS RECEIVED-VALUI	OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS	RECEIVED-VALUE OF \$50.01 T	\$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION I	RECEIVED-VALUE OVER \$250.00	(FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIB PERIOD (Add and enter amount tot			
on Page 1, Report Cover Page, Item		.iici	
		i l	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	,
	86-4759048

Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	•	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contril	oution				
Full Name of Contribu	utor			Date [MM/DD/YYYY]	\$
				· · · · · · · · · · · · · · · · · · ·	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	· · · · · · · · · · · · · · · · · · ·				
Description of Contrib				·	
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
e Market e la					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Mary Mary Mary 1					
Description of Contrib	ution				<u> </u>
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address	Waster 1777 w Martin	·	Date [MM/DD/YYYY]	\$
	Street Audress				
proprieta de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición dela composici		Taring in the			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		<u> </u>			
Description of Contrib	ution				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
	\$1.1				
					11.6
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution	·			**
= ,	G. O.				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
	36-4759048	
the many contract to the second		

Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$	
					7	
					 	
House # Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$.	
	· · · · · · · · · · · · · · · · · · ·					
Employer Name				Occupation		
Employer Mailing Ac Place of Business	ldress / Principal			Description of Contribution		
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$	
					7	
House #	Street Address	1913. t.	777 <u>6 den av</u>	Date [MM/DD/YYYY]	\$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Ad Place of Business	ldress / Principal	***********		Description of Contribution		
Full Name of Contrib	utor		<u> </u>	Date [MM/DD/YYYY]	Tel	
Turrame or contain				Date [ivivi/DD/1111]	_ \$ 	
House #	Street Address	····		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name		<u> </u>	<u>. </u>	Occupation	<u> </u>	
Employer Mailing Ad	dress / Principal		***************************************	Description		
Place of Business				of		
Villey Saks Jacques (1971)	tanin ny taona na mandra. Ny faritr'ora dia mampiasa ny kaominina mpiasa ny kaominina mpiasa ny kaominina mpiasa ny kaominina mpiasa ny	<u></u>		Contribution		
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$	
House #	Street Address	 		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name	and the second s	****	<u> </u>	Occupation		
Employer Mailing Add	dress / Principal	*****	,, <u>,</u>	Description		
				Description		
Place of Business				of Contribution		

SCHEDULE III Statement of Expenditures

		· · · · · · · · · · · · · · · · · · ·
	1	
Filer Identification Number:		
,		
	36-4759048	
	30 4733040	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
The state of the s		

To Whom Paid National Pen				Date [MM/DD/YYYY]	\$ 193.40			
						05/14/2019	<u> </u>	
House	342	Street Address	Shelbyville Mills Road				Description of Expend	iture
City	Shelbyville		State TN Zip Code 37160		Poll Handout Post it Notes			
To Wh	om Paid	Wegmans					Date [MM/DD/YYYY] 05/21/2019	\$ 38.16
House	<u> </u>	 	1					
en Alem	6143	Street Address	Peach Street Description of Expenditure		ture			
City	Erie		State	PA	Zip Code	16509	Subs for Poli workers	
To Wh	om Paid						Date [MM/DD/YYYY]	\$
		Staples					05/18/2019	125,20
House	1924	Street Address	Keystone Drive	e			Description of Expenditure	
City	Erie	,	State	PA	Zip Code	16509	Poll pamplets	
To Wh	om Paid	1	<u>'</u>		*************************************		Date [MM/DD/YYYY]	\$
		First National Bank	•				05/20/2019	5.00
House	#	Street Address					Description of Expendit	ture
7	711		State Street		•			
City	Erie		State	PA	Zip Code	16501	Service charge	
To Wh	om Paid						Date [MM/DD/YYYY]	\$
House	#	Street Address					Description of Expendit	ure
City		1	State	····	Zip			
					Code			
To Who	om Paid						Date [MM/DD/YYYY]	\$
	tang ke sal							
House	#	Street Address	•			,	Description of Expendit	ure
City			State		Zip Code			
To Who	om Paid		•		<u> </u>		Date [MM/DD/YYYY]	\$
	A Company							
House	#	Street Address		,			Description of Expendit	ure
City			State		Zip Code			
To Who	om Paid						Date [MM/DD/YYYY]	\$
	,							
House	#	Street Address					Description of Expendit	ure
					1			
City			State		Zip			
			1.0		Code	1.		

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:		
	36-4759048	

Name of Credito	ir .	·		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of De		State	Zip Code	
Description of De	abt 1			
Name of Credito	r	<u> </u>		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	abt			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De				
Name of Creditor			****	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	bt	•		
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	C	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Del	*-			