

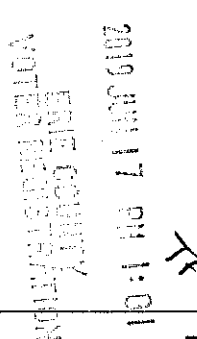
## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	36-4759048	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input checked="" type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Jack Lee								
Street Address	8620 Honeysuckle Drive								
City	Erie	State	PA	Zip Code	16509				

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 type="checkbox"/>	<input checked="" 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
	05/07/2019	06/10/2019	
A. Amount Brought Forward From Last Report	\$	779.80	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	500.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1279.80	
D. Total Expenditures (From Schedule III)	\$	369.27	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	910.53	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	


## 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

17<sup>th</sup> day of JUNE 20 19

  
Signature
My Commission expires 4 / 1 2023  
MO. DAY YR.

  
Signature of Person Submitting report

Denise A. Lee

Printed Name

814

Area Code

882-8107


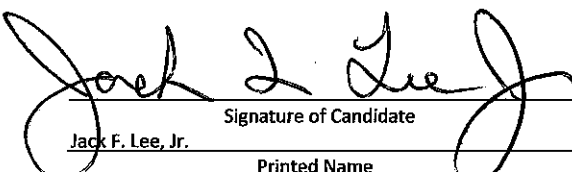
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
 REGINA M ERBIN - Notary Public  
 Erie County  
 My Commission Expires April 1, 2023  
 Commission Number 1289531

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. 1833, NO. 320) as amended.

Sworn to and subscribed before me this

17<sup>th</sup> day of June 20 19

  
Signature
My Commission expires 4-3-23  
MO. DAY YR.

  
Signature of Candidate

Jack F. Lee, Jr.

Printed Name

814

Area Code

823-9940

Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
 Tonia Fernandez, Notary Public  
 Erie County  
 My commission expires April 3, 2023  
 Commission number 1288912  
 Member, Pennsylvania Association of Notaries

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	36-4759048		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
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)		\$	
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)	\$
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.**

<b>Filer Identification Number</b>		36-4759048									
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										Amount		
<b>Full Name of Contributing Committee</b>										<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>								<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>				<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>										<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>								<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>				<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>										<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>								<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>				<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>										<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>								<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>				<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>										<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>								<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>				<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>										<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>								<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>				<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>	\$	

## 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:	36-4759048
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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]	\$	
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.

<b>Filer Identification Number:</b>	36-4759048
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<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		\$	
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		\$	
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		\$	
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		\$	
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		\$	
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		\$	

**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)

<b>Filer Identification Number:</b>	36-4759048
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<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>		\$	500.00
Timothy Birkmire and Suzanne Hopkins						05/12/2019			
<b>House #</b>	2055	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
		Edinboro Road							
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>						<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>									
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>						<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>									
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>						<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>									
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>						<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>									

**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.

<b>Filer Identification Number:</b>	36-4759048
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<b>Full Name</b>									
<b>House #</b>		<b>Street Address</b>							
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Receipt Description</b>									

<b>Full Name</b>									
<b>House #</b>		<b>Street Address</b>							
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Receipt Description</b>									

<b>Full Name</b>									
<b>House #</b>		<b>Street Address</b>							
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Receipt Description</b>									

<b>Full Name</b>									
<b>House #</b>		<b>Street Address</b>							
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Receipt Description</b>									

<b>Full Name</b>									
<b>House #</b>		<b>Street Address</b>							
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Receipt Description</b>									

<b>Full Name</b>									
<b>House #</b>		<b>Street Address</b>							
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Receipt Description</b>									

**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:	36-4759048
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

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

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
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

<b>Filer Identification Number:</b>	36-4759048
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>			\$	
<b>Description of Contribution</b>									
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>			\$	
<b>Description of Contribution</b>									
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>			\$	
<b>Description of Contribution</b>									
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>			\$	
<b>Description of Contribution</b>									

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

<b>Filer Identification Number:</b>	36-4759048
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>	<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>			\$		
<b>City</b>	<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>	<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>			\$		
<b>City</b>	<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>	<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>			\$		
<b>City</b>	<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>	<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>			\$		
<b>City</b>	<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	36-4759048
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<b>To Whom Paid</b>		National Pen				<b>Date [MM/DD/YYYY]</b>	\$	193.40
						05/14/2019		
<b>House #</b>	342	<b>Street Address</b>	Shelbyville Mills Road			<b>Description of Expenditure</b>		
<b>City</b>	Shelbyville	<b>State</b>	TN	<b>Zip Code</b>	37160	Poll Handout Post it Notes		
<b>To Whom Paid</b>		Wegmans				<b>Date [MM/DD/YYYY]</b>	\$	38.16
						05/21/2019		
<b>House #</b>	6143	<b>Street Address</b>	Peach Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Subs for Poll workers		
<b>To Whom Paid</b>		Staples				<b>Date [MM/DD/YYYY]</b>	\$	125.20
						05/18/2019		
<b>House #</b>	1924	<b>Street Address</b>	Keystone Drive			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Poll pamphlets		
<b>To Whom Paid</b>		First National Bank				<b>Date [MM/DD/YYYY]</b>	\$	5.00
						05/20/2019		
<b>House #</b>	711	<b>Street Address</b>	State Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	Service charge		
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				

**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.

<b>Filer Identification Number:</b>	36-4759048
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<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>		
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>			\$
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

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

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

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

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