

# 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	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist <b>COM. TO RE-ELECT FIORE LEONE</b>				
Street Address <b>1364 W. 32<sup>ND</sup> STREET</b>				
City <b>ERIE</b>	State <b>PA</b>	Zip Code <b>16508-2418</b>		

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) <b>05/21/2019</b>		Year	Amendment Report		Termination Report			

Summary of Receipts and Expenditures	From Date <b>5/6/19</b>	To Date <b>6/10/19</b>	For Office Use Only
A. Amount Brought Forward From Last Report	\$	<b>2633.98</b>	<p>2019-06-12 PM 5:33</p> <p>NOT RECORDED</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<b>6150.00</b>	
C. Total Funds Available (Sum of Lines A and B)	\$	<b>8783.98</b>	
D. Total Expenditures (From Schedule III)	\$	<b>5879.75</b>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<b>2904.23</b>	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	<b>—</b>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<b>—</b>	

## 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

**12<sup>th</sup>** day of **June** 20 **19**  
**Lana R. Wright**  
 Signature

My Commission expires

Commonwealth of Pennsylvania - Notary Seal  
**Lana R. Wright, Notary Public**  
 MO. **ERIE** County  
 My commission expires **March 19, 2022**

**Diane Leone**  
 Signature of Person Submitting report  
**DIANE LEONE**  
 Printed Name  
**814** **864-6306**  
 Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate, the 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

**12<sup>th</sup>** day of **June** 20 **19**  
**Lana R. Wright**  
 Signature

My Commission expires

Commonwealth of Pennsylvania - Notary Seal  
**Lana R. Wright, Notary Public**  
 MO. **ERIE** County  
 My commission expires **March 19, 2022**  
 Commission number **1182495**

**Fiore Leone**  
 Signature of Candidate  
**FIORE LEONE**  
 Printed Name  
**814** **864-6306**  
 Area Code Daytime Telephone Number

Member, Pennsylvania Association of Notaries

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

Filer Identification Number		COM. TO RE-ELECT FIORE LEONE	
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ 50.00 MR & MRS LOMBARDI
<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)		\$	6000
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)		\$	2500
All Other Contributions (Part D)		\$	3000
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)	\$ 6150.00
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)		\$	

## 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: COM to RE-ELECT FIORE LEONE									
Full Name of Contributor: BRIAN McLAUGHLIN					Date [MM/DD/YYYY]: 05/07/2019		S: 100.00		
House #:	Street Address: 1407 STATE ST. APT 408				Date [MM/DD/YYYY]:		S: CK# 5369		
City: ERIE	State: PA	Zip Code: 16501			Date [MM/DD/YYYY]:		S:		
Full Name of Contributor: JEN & JASON BOWES					Date [MM/DD/YYYY]: 05/07/2019		S: 100.00		
House #:	Street Address: 1305 SPRING LK DRIVE				Date [MM/DD/YYYY]:		S: CK# 3530		
City: ERIE	State: PA	Zip Code: 16505			Date [MM/DD/YYYY]:		S:		
Full Name of Contributor: BARRY & KAREN KOHLER					Date [MM/DD/YYYY]: 05/07/2019		S: 100.00		
House #:	Street Address: 107 NORDMERE DR.				Date [MM/DD/YYYY]:		S: CK#		
City: EDINBORO	State: PA	Zip Code: 16412			Date [MM/DD/YYYY]:		S:		
Full Name of Contributor: SHELLEY ADAMS					Date [MM/DD/YYYY]: 05/07/2019		S: 100.00		
House #:	Street Address: 5999 MILLER RD				Date [MM/DD/YYYY]:		S: CK#		
City: GIRARD	State: PA	Zip Code: 16417			Date [MM/DD/YYYY]:		S:		
Full Name of Contributor: ERIC & KARA McGRATH					Date [MM/DD/YYYY]: 05/07/2019		S: 100.00		
House #: 6129	Street Address: INVERNESS TERRACE				Date [MM/DD/YYYY]:		S: CK# 2788		
City: FAIRVIEW	State: PA	Zip Code: 16415			Date [MM/DD/YYYY]:		S:		
Full Name of Contributor: MEGAN & DANIEL HOLLERN					Date [MM/DD/YYYY]: 05/07/2019		S: 100.00		
House #: 520	Street Address: LINCOLN AVE				Date [MM/DD/YYYY]:		S: CK#		
City: ERIE	State: PA	Zip Code: 16505			Date [MM/DD/YYYY]:		S:		

## 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: COM to RE-ELECT FIORE LEONE									
Full Name of Contributing Committee: NORTHWEST GOOD GOV. PACT					Date [MM/DD/YYYY]: 05/11/2019		S: 2500. <sup>00</sup>		
House #: 100		Street Address: STATE ST. SUITE 440			Date [MM/DD/YYYY]		S:		
City: ERIE		State: PA		Zip Code: 16507		Date [MM/DD/YYYY]		S:	
Full Name of Contributing Committee:					Date [MM/DD/YYYY]		S:		
House #:		Street Address:			Date [MM/DD/YYYY]		S:		
City:		State:		Zip Code:		Date [MM/DD/YYYY]		S:	
Full Name of Contributing Committee:					Date [MM/DD/YYYY]		S:		
House #:		Street Address:			Date [MM/DD/YYYY]		S:		
City:		State:		Zip Code:		Date [MM/DD/YYYY]		S:	
Full Name of Contributing Committee:					Date [MM/DD/YYYY]		S:		
House #:		Street Address:			Date [MM/DD/YYYY]		S:		
City:		State:		Zip Code:		Date [MM/DD/YYYY]		S:	
Full Name of Contributing Committee:					Date [MM/DD/YYYY]		S:		
House #:		Street Address:			Date [MM/DD/YYYY]		S:		
City:		State:		Zip Code:		Date [MM/DD/YYYY]		S:	
Full Name of Contributing Committee:					Date [MM/DD/YYYY]		S:		
House #:		Street Address:			Date [MM/DD/YYYY]		S:		
City:		State:		Zip Code:		Date [MM/DD/YYYY]		S:	

## 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: COM to RE-ELECT FIORE LEONE									
Full Name of Contributor: M. MCCORMICK						Date [MM/DD/YYYY]: 05/07/2019		S: 1,000. <sup>00</sup>	
House #:		Street Address: P.O BOX 1205				Date [MM/DD/YYYY]:		S: CK# 22147	
City: ERIE, PA.		State:		Zip Code: 16512		Date [MM/DD/YYYY]:		S:	
Employer Name: SELF						Occupation: RETIRED			
Employer Mailing Address / Principal Place of Business: SAME									
Full Name of Contributor: DAVE CIACCHINI						Date [MM/DD/YYYY]: 05/07/2019		S: 1000. <sup>00</sup>	
House #:		Street Address: 1250 TOWER LANE				Date [MM/DD/YYYY]:		S: CK# 4259	
City: ERIE		State: PA		Zip Code: 16505		Date [MM/DD/YYYY]:		S:	
Employer Name: H. B. K. WEBER						Occupation: C.E.O			
Employer Mailing Address / Principal Place of Business: SAME									
Full Name of Contributor: MR & MRS SALVIA						Date [MM/DD/YYYY]: 05/20/2019		S: 1,000. <sup>00</sup>	
House #:		Street Address: 5725 THOMAS ROAD				Date [MM/DD/YYYY]:		S: CK#	
City: FAIRVIEW		State: PA		Zip Code: 16415		Date [MM/DD/YYYY]:		S:	
Employer Name: H. B. K. WEBER						Occupation: ADM.			
Employer Mailing Address / Principal Place of Business: 1250 TOWER LANE ERIE, PA 16505									
Full Name of Contributor:						Date [MM/DD/YYYY]:		S:	
House #:		Street Address:				Date [MM/DD/YYYY]:		S:	
City:		State:		Zip Code:		Date [MM/DD/YYYY]:		S:	
Employer Name:						Occupation:			
Employer Mailing Address / Principal Place of Business:									

3,000

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

Filer Identification Number: COM TO RE-ELECT FIORE LEONE

To Whom Paid	<u>POST MASTER (PC# 72463)</u>			Date (MM/DD/YYYY)	<u>05/08/2019</u>	\$	<u>1147.92</u>
House #				Description of Expenditure			
City				<u>MAILING</u>			
To Whom Paid	<u>POST MASTER (PC# 72463)</u>			Date (MM/DD/YYYY)	<u>05/08/2019</u>	\$	<u>324.91</u>
House #				Description of Expenditure			
City				<u>MAILING</u>			
To Whom Paid	<u>POSTMASTER (PC 72312)</u>			Date (MM/DD/YYYY)	<u>05/08/2019</u>	\$	<u>1147.92</u>
House #				Description of Expenditure			
City				<u>MAILING</u>			
To Whom Paid	<u>PRINTING CONCEPTS INV# 38341</u>			Date (MM/DD/YYYY)	<u>05/14/2019</u>	\$	<u>1184.00</u>
House #				Description of Expenditure			
City				<u>CARDS FOR MAILING</u>			
To Whom Paid	<u>PRINTING CONCEPTS INV# 38340</u>			Date (MM/DD/YYYY)	<u>05/14/2019</u>	\$	<u>1975.00</u>
House #				Description of Expenditure			
City				<u>CARDS FOR MAILING</u>			
To Whom Paid	<u>ED BRZEZINSKI</u>			Date (MM/DD/YYYY)	<u>05/14/2019</u>	\$	<u>100.00</u>
House #				Description of Expenditure			
City				<u>CONT. TO HIS CAMPAIGN</u>			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #				Description of Expenditure			
City							
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #				Description of Expenditure			
City							

5879.75



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

## PART 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:	
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Full Name						
House #		Street Address				
City		State		Zip Code		Date [MM/DD/YYYY] S
Receipt Description						
Full Name						
House #		Street Address				
City		State		Zip Code		Date [MM/DD/YYYY] S
Receipt Description						
Full Name						
House #		Street Address				
City		State		Zip Code		Date [MM/DD/YYYY] S
Receipt Description						
Full Name						
House #		Street Address				
City		State		Zip Code		Date [MM/DD/YYYY] S
Receipt Description						
Full Name						
House #		Street Address				
City		State		Zip Code		Date [MM/DD/YYYY] S
Receipt Description						
Full Name						
House #		Street Address				
City		State		Zip Code		Date [MM/DD/YYYY] S
Receipt Description						



**SCHEDULE II**

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

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

<b>Filer Identification Number</b>	
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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)		\$

## SCHEDULE II

## PART F

## In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File Identification Number	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$			
House #		Street Address			Date [MM/DD/YYYY]	\$			
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									

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**

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

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

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

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

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

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

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