## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be tread)

	nis report must be clear a				
Filer Identification Number	Report Filed By Candi ( Mark X)	date	Committee	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	COM. to RE-	ELECT Fi	ORE LEON	5	
Street Address		7	TREET		
City ERIE	State	PA	Management when returned only to	08-2418	
Type of Report (Place x under report type)			restriction of the second seco		
1-6 <sup>th</sup> Tuesday 2-2 <sup>rd</sup> Friday 3-30 Day Post	4-6th Tuesday 5-2nd Friday	6-30 Day Post	7- Annual Special 2 <sup>na</sup>	Friday Special 30 Day	
Pre-Primary Pre-Primary Primary	Pre- Election Pre- Election	· 1874 - 1986年 - 1886年 - 18864 - 18864 - 18864 - 18864 - 18864 - 18864 - 18864 - 18864 - 18864 - 18864 - 18864 - 18864 - 18864 - 18864 - 1886	Pre-Election	· 经分别 化二甲基乙基化甲二甲基酚 (2) 网络红藤藤树 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	
Date Of Election (MM/DD/YYYY) 05/21/2019	Year	Amendment Report	Terminatio Report		
Summary of Receipts and From Date Expenditures	To Date		For Office Use Or	ily	
5/6/19	6/10/19				
A. Amount Brought Forward From Last Report	12633,10				
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 6150,00		**************************************	a res <sub>ul</sub> Marian Marian Marian Marian	
C. Total Funds Available (Sum of Lines A and B)	\$ 8783 98				
D. Total Expenditures	\$ = 97075	1		72. Aug	
(From Schedule III) E. Ending Cash Balance	5 00 123		The state of the s		
(Subtract Line D from Line C)  F. Value of In-Kind Contributions Received	\$ 2904.23	<u>.</u>	(1) (2) (4) 6) (2) (4) 6) (4) 6) (4)		
(From Schedule II)					
G. Unpaid Debts and Obligations (From Schedule IV)	\$				
Part 1- If this is a Committee report, treasurer sign he	Affidavit So				
I swear (or affirm) that this report, including the attac			ge and belief true, correct and	complete.	
Sworn to and subscribed before me this			P		
day of June 20/4	-	Signature o	f Person Submitting report	· · · · · · · · · · · · · · · · · · ·	
Jana K. Wright	-	LIANE.	Finted Name		
Commonwealth of Pennsylva My Commission expires Lana R. Wright, Note	inia - Notary Seal	814	864-63	OG	
MO. DÉYie Cou'ffty	, · · · · · · · · · · · · · · · · · · ·	Area Code	Daytime Telephone	Number	
My commission expires March 19, 2022 Part II- If this is a report of a Candidatis's just harded Chiagasse, candidate shall sign here.					
I swear (or affirm) that the mobast of my knowledge amended.	i <b>atic<del>heliekithis ne</del>ll</b> itical committee	has not violated any	provisions of the Act of June 3	3, 1937 (P.L. 1333, NO.320) as	
Sworn to and subscribed before me this		1	<i></i>		
12th day of June 20 19		Tiors	Xeonl		
Lana R. Wright	_ \ \ \ /2	FIOR E	ture of Candidate	<u>-</u>	
Signature	,	V14-	rinted Name		
My Commissio Commonwealth of Pennsylvania - Not Lang R. Wright, Notary Publi Erie County R.	ic .	8 1 7 Area Code	Daytime Telephone	Number	
My commission expires March 19  Commission number 118249					

Member, Pennsylvania Association of Notaries

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

COM, TO RE-ELECT	F	10	RE LEONE
41:Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	50,00 HRAMES LONBARDI
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)	A SECOND SPRINGS ( P. ASECTA)	\$	The state of the s
All Other Contributions (Part B)		\$	6000
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	2500
All Other Contributions (Part D)		\$	3000
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, FTG: (From Part E	IJ.		

Total for the reporting period

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.)

## COM to RE-ELECT FIORE LEONE

Full Name of Contributor GRIEN MCLAUCHLIN	05/07/2019	100,00
House # Street Address 1407 STATE ST.	Date [MM/DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CKH 5369
GIE FA ZIDICONE 16501	Date [MM/DD/\\\)	
Full Name of Contributor JEN +JASON BOWES	Date (WW/DD/WWW)	, 00_
House # Street Address 1305 Spr WG-LK DRIVE	05/07/26/9 Date MM/DD/MYY/1 18	100,00
		CK#3530
ERIE 14 16505	Date [MM/DD/AAAA]	
BARRY OF KAREN KOHLER	05/07/2019	100,00
House # Street Address 107 NORDMERE DR.	Date MM/OD/VYYYT	CK#
GGV EDINBORO STATE PA ZIDGODE 16412	EDate (MM/DD/AAAA)	
Fill Name of Contributor SHELLY ADAMS	Date (MM/DD/NYXVI)	100,00
House # Street Address 5999 Miller RD	ioatélmo/po/vávala s	CKH
GIV GURARD State PA ZIDGODE 16417	Date [MM/DD/XXXI] S	
Full Name of Contributors ERIC. + KARA MCGRATH	Date [MM/DD/XYXX] S 05/07/2019	100,00
House# G129 Street Address INVERNESS TERRACE	Date (MM/DD/AAAA)	CK#2388
FAIRVIEW STATE PA 210 CORE 16415	Pate [MM/DD/YYYY] S	
FULLINAME OF CONTRIBUTOR MEGAN + DANCE L HOLLERN	Date IMM/DD/MMI 3	100,00 CK#
House # 520 Street Address LINCOLN AVE	Date (MM/p0)/AAAA)	CK#
ERIE PA ZIFCOODE 16505	aDate  MM/DD/AGGA  E 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 F	TORE-LEON	E
Full Name of Contributing Committee:   NORTH WE House#   Street Address	TATE ST. SUITE 440	Date (MM/DD/-MM) 5 05/11/2019 ) Date (MM/DD/MM) 5	2500,00
ERIE	State RA Zip Gode 16507	Date [MM/DD/XXXI] SS	
FullPhame of Contributing Committee  House # Street Address		Date [MM/DD/YYYM] \$5	
Guy/ Full-Name of contributing Committee	State) Zip Code	Date [MM/DD/XXXI] 5.	
House#1 Street Address Gity.	States. 2ip.code	Date [MM/DD/YYYY] 3	
Full Name of Contributing Committees    House #   Street Address		Date [MM/DD/AYAM]	
City	State Zip code	Date [MM//DD/Argys] 3	
Contributing Committee  House # Street Address		*Date [MM/DD/YYYY] * \$	
Gity Full Name of Contributing Committee	State Zip Code	Date [MM/DD///AAM] 5	
House # Street Address	State Zip Code	Date [MM/DD/YYM] 5	

#### 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)

To the analysis of the second							
Hilealdentification Number	COM	to RE	ELECT	Fior	EL	EONE	-

Full Name of Contributors	M. MCCORMICK	05/07/2019 1,000.00
House# Street	P.O BOX 1205	ck#22147
ERIE, P.	A . State Zip.Gode 16512	Date [MIM/Db/XXXXI] \$5
EmployerName v	SELF	OCCUPATION RETIRED
adığloyadMailing/Address// AdadrakAbbasidAbsinass		Parabolat sangon siperi
Pell Name of Contributor	DANE CIACCHINI	05/07/2019 1000.00
House # 1250 Street	Address TOWER LANE	Date (MIM/DID/XYXX) S CK# 4259
Giry ERIE		F5-9-9-1
Employer Name	H.B.K.WEBER	Occupation C.E.O
विकागिकपुराहर्मित्रामित्रः/स्वितिहरूः/ शिरोक्षान्तरिष्टिक्षेत्रकार्वनिकासिक्षः	SAME_	
	STATE OF THE PROPERTY OF THE P	
	MRYMRS SALVIA	05/20/2019 1,600,00
House # 5725 Street	NO MATERIAL COST	05/20/2019 1,000, 00 DATE [MM/00/MM] S CK#
House # 5725 Street  City FAIRVIEW	MRYMRS SALVIA  Address THOMAS ROAD	05/20/2019 1,000, 00 Date [MIM/DD/XXXXI] CK#
House# 5725 Street  City FAIRVIEW EmployerName	MRYMRS SALVIA  Address THOMAS ROAD  State PA Zipcode 16415  H.B.KWEBER	O5/20/2-019 1,600, 30 Date [MM/DD/YYYY] S  Occupation APM
House# 5725 Street  Gity FAIRVIEW Employer Name  Employer Mailing Address //, Principal Place of Business	MRYMRS SALVIA  Address THOMAS ROAD  State PA Zip code: 16415	05/20/2019 1,000, 50 Date [MIM/DD/XXXXI] 5 CK#  Date [MIM/DD/XXXXI] 5 Occupation APM - PA-16505
House# 5725 Street  City FAIRVIEW EmployerName	MRYMRS SALVIA  Address THOMAS ROAD  State PA Zipcode 16415  H.B.KWEBER	O5/20/2-019 1,600, 30 Date [MM/DD/YYYY] S  Occupation APM
House # 5725 Street  5725  Gity FAIRVIEW Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor	MRYMRS SALVIA  Address THOMAS ROAD  State PA Zipcode 16415  H.B.KWEBER	05/20/2019 1,000, 50 Date [MIM/DD/XXXXI] 5 CK#  Date [MIM/DD/XXXXI] 5 Occupation APM - PA-16505
House# 5725 Street  Gity FAIRVEUX  Employer Name  Employer Mailing Address//, Principal Place of Business  Full Name of Contributor  House# Street	MRYMRS SALVIA  Address THOMAS ROAD  State RA ZIDGODE 16415  H.B.KWEBER  1250 TOWER LANE FRIEN  Address	O5/20/2-019   J,600,
iHouse# 5725 Street 5725 Street  City FAIRVIEU  Employer Name  Employer Mailing Address // Principal Place of Business  Full Name of Contributor  House # Street	MRYMRS SALVIA  Address THOMAS ROAD  State PA ZID CODE 16415  H.B.KWEBER  1250 TOWER LANGE FRIEN  Address	O5/20/2-019   J,600,

# Statement of Expenditures

# Filer Identification Number COM to RE-ELECT FIORE LEONE

POST MASTER (PC# 72463)  STEEL ADDRESS  STEEL ADDRE
Gity  State  TO Whom Paid  POST MASTER (PC 4 72463)  Best MAILING  OS/68 2019  Street Address  Gity  State  POST MASTER (PC 4 72463)  Best MAILING  GOULD BEST MASTER (PC 72312)  Best MAILING  FOUND BEST MASTER (PC 72312)  BEST MASTER (PC 72312)  FOUND BEST MASTER (PC 72312)  BEST MASTER (PC 72312)  FOUND BEST MASTER (PC 72312)  FOUND BEST MASTER (PC 72312)  FOUND BEST MAILING  FOUND BEST MASTER (PC 72312)  FOUND BEST MAILING  FOUND BEST MAILI
To Whom Paid POST MASTER (PCH 72463)  Betting Description of Expenditure  Gity  State  Street Address  Gity  State  Street Address  Street Address  Gity  State  Gode  PRINTING CONCEPTS 38341  PRINTING CONCEPTS 78340  GOS FOR MAILING  GOV GODS  FOR MAILING  GODS  GOV GODS  FOR MAILING  GODS  GOV GODS  GOV GODS  GOV GODS  GOV GODS  GODS  GOV GODS  GODS  GOV GODS  GOV GODS  GO
FOST MASTER (PCH 72463)  Street Address  Stree
TOWIGHT Paid:  TOWIGHT Paid:  TOWIGHT Paid:  TOWIGHT Paid:  Street Address  Street Address  TOWIGHT Paid:  TOWI
TOWNOM PAID  TOWNOM PAID  FOST MASTER (PC.72312)  Street Address  State  State  State  TOWNOM PAID  FRINTING CONCEPTS 38341  FRINTING CONCEPTS 78340  FRINTING CONCEPTS 78440  FRINTING CONCEPTS 784
FOSTMASTER (PC.72312)   OSTOS/2019   1147.92     House #   Street Address   Description of Expenditure
House # Street Address   Description of Expenditure    Chy   State   Zip   Mar L ( NG-  To Whom Paid   PRINTING CONCEPTS 3834   Date (MM/DD/NYM)   S   1184, 00    House # Street Address   Description of Expenditure    City   State   Zip   CARDS FOR MAIL ( NG-  TO Whom Paid   PRINTING CONCEPTS 78340   Date (MM/DD/NYM)   S   1975, 06    House # Street Address   Description of Expenditure    City   State   Zip   CARDS FOR MAIL ( NG-  Description of Expenditure    City   State   Zip   CARDS FOR MAIL ( NG-
TOWNOM Paid  PRINTING CONCEPTS 38341  PRINTING CONCEPTS 38341  Street Address  Street Address  State  CARDS FOR MAIL ING  PRINTING CONCEPTS 38340  CARDS FOR MAIL ING  Iduse # Street Address  CARDS FOR MAIL ING  CONCEPTS 38340  CARDS FOR MAIL ING
RINTING CONCEPTS 3834  05/14/2019   1184,   House# Street Address   States   Zip   CARDS FOR MAIL IN G   House# Street Address   Description of Expenditure   Date IMM/DD/MM1   Street Address   Description of Expenditure   Description of Expenditu
Gity State Zip CARDS FOR MAIL IN G  TO Whom Paid PRINTING CONCEPTS 78340 O5/14/2019 1975.  House # Street Address Description of Expenditure  Gity State: Zip CARDS FOR MAIL IN G-
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House# Street/Address Zip. CARDS FOR MAIL IN C-
House# Street/Address Description of Expenditure (CARDS FOR MALLING)
TOWhom Paid ED BRZEZINSKI Date [MM/DD/MYY] \$ 100,00
House # Street Address Description of Expenditure
Gly, State Zip. CONT, TO HIS CAMPAIGN
To Whom Paid State [MM/DD/MMY] \$5
House# Description of Expenditure :
Crty State Zip Code
To Whom Paid Date [MM/bD/AYAV] \$
HOUSE # Description of Expenditure
(Gtý Zíp

#### 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 S Committee			Date [MM/DD/XYYY] § \$	
House # Street Address			*Date*[MM/DD/YYYY] @ \$5	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee		[ 在特别的意思的意思的意思	Date [MM/DD/YYYY] 5	
House # . Street Address			Date [MM/DD/YYYY] s	
in the second se	State	Zip Code	Date [MM/DD/YYYY] & S	<u></u>
Full Name of Contributing Committee	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] 5	
(Gity)	State	Zip Code	Date [MM/DD/YYYY] 35	<u> </u>
Full Name of Contributing Committee	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	<del> </del>
House# Street Address			Date [MM/DD/YYYY] S	
City	State	Zip.Code	Date [MM/DD/YYYY] &S	
Full Name of Contributing Committee	Sold action and Company to 1	Local washing of Supple Auditors and	Date [MM/DD/YYYYY] \$	
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] \$	Palaton to the second s
(City.	State	Zip Code	Date [MM/DD/YYYYY] S	,

#### 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.

File (dentification Number)					
Full Name					
House# Str	eet Address	i			
.City		State,	Zip Code	Date [MM/DD/YYYY] S	
Receipt Description	40				
	The state of the s				
FulliName					
	eet-Address				
City		State =	Zip Gode	Date [MM//DD//YYYY] \$	
Receipt Description					
		· · · · · · · · · · · · · · · · · · ·		1	
EdliName				:	
	et Address				•
Gity		State	Zip Code	Date [MM/DD/YYYY] \$	-
	•				
Receipt Description				:	
(Full-Name					
House# Str	et Address				
City		State	Zip Godes	Date [MM/DD/YYYY]	
Receipt Description			Codes		
				······································	
Fill Name		,			
House# Sire	et/Address				
टींग्र	AND CONTRACTOR AND AND CONTRACTOR CO	State.	Zip Code	Date [MM/DD/XXXXII  \$	
			e cone		
Receipt Description.				,	
Fd   Name	/				
House # Stre	et Address	*		· · · · · · · · · · · · · · · · · · ·	
Gity	Consideration of the control of the	State	Zip Code	Date [MM/DD/YYYY] . \$	
Receipt Description			* EUGE		

#### 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

iFiler identification Number				
1. UNITEMIZEDIN KIND CONT	RIBUTIONS RECEIVED V	ALUE OF \$50 00 OR LESS PE	RCONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2 INKIND CONTRIBUTIONS RE	CEIVED-VALUE OHS50	01 NO 5250 00 (FROMEPAR)	I Barres	
TOTAL for the reporting period	(2)	\$		
ZOS COMENTACIONES CONTROLLO CONTROLLO CONTROLLO CONTROLLO CONTROLLO CONTROLLO CONTROLLO CONTROLLO CONTROLLO CO				
3. IN-KIND CONTRIBUTION REC	JEIVEDEVARUE (UVER 5.2	SUDUATEROWAPAR (F.G.)		
TOTAL for the reporting period	(3)	\$		·
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	and the second s	'		

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

	umoe				
FalliName.of€oni	公司2·4·100(在15·100日)(15)			hander-han almostratik ili salat in mangan di garan dan kanan dan kanan dan kanan dan kanan dan kanan dan kanan	
				*Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY], S	
<b>Gity</b>		State	Zip Gode	Date [MM/DD/YYYY] \$	
Description of Con	itribution				
Euli Name of Cont	ributor.	294		Daté [MM/DD/\\\\\)	
House#	Street Address			Date [MM/DD//////] 8	A STATE OF THE STA
-	Sueewaddiess			CONTRACTOR OF THE TAXABLE PROPERTY OF THE PROP	A CONTRACTOR OF THE CONTRACTOR
Giy .		State	Zip Code	bate [MM/DD/YYYY1] \$	
Description of Con	tribution	(A) Tarray Add Californian (	headers of the superior and sup	1805245	<u></u>
Full Name of Conti				Date [MIVI/DD/YYYY]]	The state of the s
House #	Street Address			Däte (MM/DD/YYYY) \$	
Grty *		State	Zip Code	Date (MM/DD/YYYY) S.	
Description of Con					
Full Name of Contr				Date [MM/DD/XXXX] S	
House #	Street Address		· · ·	Date [MM/DD///YYY] . S	
(City)		State	Zip Code	Date[MM/DD/YYYY]   S-	
Description of Con					
Full Name of Contr				#Date [MIV/DD///Y/Y] S	
House#	Street-Address	The second of th		Date[MM/DD/AY/A/] \$	
Gity		State	Zip Code	Date [MM/DD/YYYY] 5	
Description of Cont	Hoution				

## SCHEDULE II

#### Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer dentification Number:			
Full Name of Contributor			Date [MM/DD/YYYY] 5
House # Street Add	ress		Date [MM/DD/YYYY] S
City	State	Zip Code	Date [MM/DD/XYYY] S.
Employer Name  Employer Mailing Address / Princ	i a		Occupation
Place of Business	ipal		Description  of  Contribution
Full Name of Contributor			Date [MM/DD/YYYY] : S
House #. Street Addr			Date [MM/DD/\\\\)
Gity.	State	Zip Code	Date (MM/DD/xxxx) \$
Fingloyer Name 			Occupation
Riace of Business	ρalt		Description of Contribution
Full Name of Contributor	t		Date [MM/DD//YYYY] \$
House# Street Addre	ESS A		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date (MM/DD/YYYY) 5
Employer/Name			(Occupation)
Employer Mailing Address,/Princi Place of Business	pal		Description of Contribution
Eull Name of Contributor			Date (MM/DD/YYYY) \$ \$
House# Street Addre			Date (MM/DD/YYYY) \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$5
Employer Name Employer Mailing Address / Princip	6-1		Occupation
Place of Business	Jali		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:				
Name of Greditor		(SISTEMAN)		Outstanding Balance of Debt
House#. Stre	et Address		DATE DEBT INCURRED [MM/DD/XXYX]	<b>5</b> .
Gity  Description of Debt*		State	Zip Code	
Name of Creditor		<u> </u>		Outstanding Balance of Debt
House# Sfre	et-Address	4.4	DATE DEBT INGURRED [MM/DD/YYYY)	
City Descaption of Debt		State	Zip Code	
Nameokerator			:	Outstanding Balance of Debt
	et Address	į	DATE DEBT (NGURRED .:[MM/JDD/YYYYY]	
Gity.		State	Zip Code	
Description of Debt			s cone	
that the Mark of the Sand All Mark is	et Address	Į.	yate debt incurred = = [mim/dd/yayy]	Outstanding Balance of Debt : : :     \$
City		State	Zip Code	
Description of Debt		(		
Name:of:Greditor House# Stre	et Address	The Co	PATE DEBTINGURRED [MW/DD/YYYY]	Outstanding Balance of Debt
City		State	Zip Gode	
Description of Debt			Code	
Name of Creditor Street	et-Address ,	D	ATE DEST INCURRED	Outstanding Balance of Debt
		State :	[MM/DD/YYYY]	
Orty  Description of Debt		State	Zip Godě	