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

(Note: This report must be clear a	
Filer Identification Report Filed By Candi Number (Mark X)	date Committee Lobbyist
Name of Filing Committee, Candidate or Lobbyist	EONE
Street Address 1364 WE	ST 32 UD STREET
City ERIE State	PA Zip Code 16508-2418
Type of Report (Place x under report type)	
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post 4-6 <sup>th</sup> Tuesday 5-2 <sup>nd</sup> Friday Pre-Primary Primary Pre-Election Pre-Election	
Date Of Election (MM/DD/YYYY)  05/21/2019  Year	Amendment Termination Report
Summary of Receipts and From Date To Date  Expenditures 5/6/19 6/15/19	For Office Use Only
A Amount Brought Forward From Last Report \$ 2633,98	
B. Total Monetary Contributions and Receipts \$ (From Schedule I) 6150.	
C. Total Funds Available \$8783, 98 (Sum of Lines A and B)	
D. Total Expenditures (From Schedule III) \$ 5879,75	
E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received  \$ 2904.	
(From Schedule II) G. Unpaid Debts and Obligations \$	
(From Schedule IV)  Affildavit S	
Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report,	
I swear (or affirm) that this report, including the attached schedules on paper, is to the	
Sworn to and subscribed before me this	1-2-
12 day of June 20/9	Signature of Person Submitting report
Signoture Signoture	/ FIOR B LEONE Printed Name
Commonwealth of Pennsylvania - Notary Seal  Lana R. Wright, Notary Public  My Commission expires  Eric County	814 864-6306
My commission expires March 19R2022  Commission number 1182495	Area Code Daytime Telephone Number
Part II- If this is a various and warming the second part II- If this is a various and idate shall sign i	nere.
I swear (or affirm) that to the best of my knowledge and belief this political committee amended.	has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	
day of	Signature of Candidate
Signature	Printed Name
My Commission expires	
	Area Code Daytime Telephone Number
	•

### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number .	. 7	FIORELEONE
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor.		
Total for the reporting period (1)	\$	50,00 MRAMES LONBARDI
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)	\$	600
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	25500
All Other Contributions (Part D)	\$/	3000
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	6150,00
Total Monetary Contributions and Receipts during this reporting period (Add and	\$	

Cover Page, Item B)

### 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.

			·	& IORK	LEONE
Full Name of	oscinis ST Ga	OD GOU, PAC	T Date [MM]	/DD/MMM1 \ S	1.0
			05/1	1/2019	2500,00
House # Street Add	STATE	ST. SUITE	440 Date MIM	/ØD//////  \$	
ERIE	State RA	Zip Code 165	Date [MM]	/DD/AYAWA S	
Full Name of Contributing Committee			Date (MM)	(DD/MAM) S	
House#. Street Add	dress	74.77	, Date (MM)	(DD/AYYY) S	
eaty.	State	Zip Code	Date (MM)	(DD/MYYM) S	
Full Name of Contributing Committee.			Date MM/	DD/XXXXI	
House# StreetAdd	iress		Date MM/	DD/YYYY] \$	<del>.</del> ;
GIV 2	State	Zip Code	Date MM/	DD/YYYY]: \$	
Eull Name of Contributing Committee	,,, <u>,,,,</u>		Date MM/	DD/AMAMI S	
House# . Street Add	fress		Date [MM/	DD/YYYYY] 5	<del>.</del> 
(Giry)	State	Zip-€ode	Date (MM/	DD/YYYYY] S	
Full Name of Contributing Committee			Date (MM)	DD/XXXXX) (55	· · · · · · · · · · · · · · · · · · ·
House # Street Add	ress		Date MM/	DD/MMMI S	
City	State	'Zip Code	Date MW/	DD//YYAYYI) S	
Full Name of Contributing Committee			Date (MM//	DD/YYYYY] S	
House# Street Add	ress		¿Þate [MM/	DD/YYYYY] S	
Gity, 1.	State	Zip Code	Date (MM/	DD/YYYY] SS	

### 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 Numbers

eller/dentification vumber/s	FIORE L	EONE
Full Name of Contributor BRIDIN MCLAUCHLIN	Date [MM/DD/XXXX] = 05/07/2019	
House# Street Address 1407 STATE ST.  APT 406	Date [MM/DD/YYYY]	C/445369
Gity ERIE State PA Zip Code, 16501	*Date [MM/DD//YYYY] * \$	
Full Name of Contributor TEN +JASON BOWES  House # Street Address 170 C. C.D. 405 / h. O.D. 415	Date [MM/DD/YYYY] 05/07/2019	100,00
1305 SPRWULL DRIVE	Date [MM/DD/WW]	CK#3530
Full Name of Contributors BARRY OF KAREN KOHLER		
	05/07/2019	100,00
10/NORDMERE 1/K.	Date[MM/DD/YYY] S	CK#
EDINBORO PA 16412	:Date [MIM/DD/(YYY)] \$	
Full Name of Contributor SHELLY ADAMS	Date [MM/DD/NYYY] \$ 05/07/2019	100,00
House # 1. Street Address 5999 MULER RD  Gity State Zip Code 1.0 (	Date [MM/DD/myy] = S	CKH
GURARD PA 16417	Date MM/DD/YYYYI S	
FULL Name of Contributor FRIC. + KARA MCGRATH  Street Address Contributor	Date [MM/DD/YYYY] S 05/07/2019	100,00
G129 INVERNESSTERRACE	Date [MM/DD/YYYY] S	CK#2388
PAIRVIEW PA 16415	Date [MM/DD/://///]	
Full Name of Contributors  MEGAN + DANCEL HOLLERN	Date [MM/DD/YYYY] S 05/07/Z-019	100,00 CK#
House # 520 Street Address LINCOLN AVE	Date MM/DD/11111 25	CK#
ERIE State PA Zip Gode 16505	Date:[MM/DD/¥YYY] S	

# PART D

ile dentification Number.

### **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)

		110RF CEORE
Fill Name of Contributor M. McCOR MICK		05/07/2019 1,000.
House# Street Address P. O BOX 12	05	Date [MM/Db/YYYY] 5 CK#22147
ERIE, PA.	Zip.Code 16512	Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address //		Occupation RETIRED
Principal Place of Business SAM	E	
Full Name of Contributor  DAVE CIACCH	ini	05/07/2019 1000.00
House# 1250 Street Address TOWER L		Date [MM/DD/YYYY] 5 CK# 4259
Drive	21p Code: 16505	Date-[MM/DD/Y/YYY] \$
Employer Mailing Address / H. B. & WEL	BER	Occupation C.E.O
Principal Place of Business SAME		
MRYMRS SALVII	7	05/20/2019 ),600, 30
	ROAD	Date [MM/DD/YYYY] S S CK#
FAIRVIEW	16415	Date [MM7/DD/YYYY]
	2150-17	Occupation ADM.
	RLANGERIE, PA	416505
Full Name of Contributor :		Date [MM/DD/YYYY] \$
House #. Street Address		Date [MM/DD/YYYY]
	ip Code	Date [MM/DB/YYYY] \$
Employer Name  Employer Mailing Address / Principal Place of Business		Occupation

### 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.

Full Name				<del>"</del>
House# Str	eet Address			
City		State	Zip -Gode	Date [MM/DD/YYYY] 5
Receipt Description				
FülliName				
	eet Address			
City		State	Zip	Date [MM/DD/XYYY] \$
Receipt Description	Name of the state		Code	
Ftillsvame			,	1
	eetyAddress			·
City		State.	Zip	Date (MM/DD/YYYY)
Language Commission		i ii	Code	
Receipt Description				
Full Name				
House # Stre	et Address	State	<b>Zip</b>	Date [MM/DD/YYYY] \$
		acate.	Code (	Date [MM/DD/XYXYI] \$
Receipt Description		(September 2- Ambridge 1992)	Francisco de Carlos de Car	19259
Full Vaime				
	et Address	Legy-gray-pages	WEX 497 BELLING ON G	
Gity.		State	Zip Code	Date [MM/DD//WYY] \$1
Receipt Description				
iEulliName		tana tahun 1980 dari		
House# Stre	et Address			
Chy.	norman - English at the more of the ET 1889	.State	Zip Code	Date (MM//DD/YYYY) \$
Receipt Description		N. 75. 200 (1)		

### 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

File aldentification (Number : );					<u> </u>
		-			
1 UNITEMIZED IN KIND CONTRIBU	JTIONS RECEIVED VALUE OF L	50 00 OR	LESS PER CONTRIBU	HOR	0 4 5 7 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TOTAL for the reporting period	(1)	\$			
2 NEKIND CONTRIBUTIONS RECEI		(07010 (IFK©	MEPARTED		
TOTAL for the reporting period	(2)	\$		· · · · · ·	
32 IN-KIND CONTRIBUTION RECEIV	Enwwitteroveris/somorepo	NA DARTA			
		4			
TOTAL for the reporting period	(3)	\$	· .		
TOTAL VALUE OF IN-KIND CONTRIBUTION	S DURING THIS REPORTING	\$	·		· · · · · · · · · · · · · · · · · · ·
PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)	n boxes 1, 2, and 3; also ente	r			
,					

### SCHEDULE !I PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

		VALUE OF \$30.01.10	7250	
File I denufication Numbe				
Full Name of Contribute			Date [MM/DD/YYYY] \$	
	treet Address		*Date [MM/DD/YYYY] \$	
City Description of Contribu	State	Zip Gode	Date [MM/DD/XYYY] \$>	
		·		
Full Name of Contributo			Date [MIVI/DD/YYYY] \$	
	freet Address	Interestation Control	Date (MIM/DD/XXXX)	
Gity Description of Contribut	State	Zip Gode	Date [MM/DD/YYYY]	
			·	
Full Name of Contributo			Date [MM/DD/AYAY]	
	freet Address	Anton	aDate (MM/DD/YYYY) SS	
City  Description of Contribut	State	Zip Godě	Date [MM/DD/YYYY] S	
				·
Full Name of Contributo			SDate:[MM/DD/YYYYY]	
	treet Address	Party Called Strains and	Date [MM/DD/YYYY] S	
City Description of Contribut	State a	<sup>*</sup> Zip Gode	Date [MM/DD/YYYY] 25	
Full Name of Contributo			Date [MIM/Db/XXXX] S	
	reet Address	C DESCRIPTION OF CONTRACT	Date[MM/DD/YYYY] S	
City	State	4p Code	Date [MM/DD/YYYY) \$	

Description of Contribution

### SCHEDULE II Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Eller dentification Number 20		
Full Name of Contributor		Date [MM/DD/YYYY] 55
House# Street/Address		Date [MM/DD/YYYY] \$
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	<u> </u>	Date [MM/DD/YYYY]
Flouse # Street Address		Date [MM/DD/YYYY].
City. State.	Zip Code	Date (MM/DD/XXXX) \$5
Employer Name  Employer Mailing Address / Principal		Occupation •
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House#. Street Address		Date [MM/DD/XXXX]
(Gity), (State	Zip Göde	Date [MM/DD/YYYY] 5
Employer Name Employer Mailing Address / Principal		Occupation.
Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		*Date [MM/DD/XYYYY] \$.
City, State	Zip Code	Date [MM/DD/YYYY] \$
EmployerName EmployerMelling/Address//Principal		Occupation:
Place of Business:		of Gontribution

# Statement of Expenditures

uddentification N	umber s			
ToWhom Paid	POST MASTER (PC+	472463)	(Date [MM/DD/YYY] \$\) (0.5/0.8/2019	1147.92
House #	Street Address		Description of Expenditure	
Gity	State	Zijî Gode	MAILING	
To Whom Paid	POST MASTER (P	CH72463)	05/08/2019	324,91
House#	Street Address		Description of Expenditure	
Gity	State	Zip Code	MAILING	
To Whom Paid	POSTMASTER (PI	772312)		1147.92
House#	Street Address		Description of Expenditure	
City	State:	Zip Gode?	MAILING	
Te Whom Paid	PRINTING CONCI	EPTS 38341	Date [MM/DD/XYYY] = \$1 05/14/2019	1184,00
House#	Street Address		Description of Expenditure	
Gity.	State	Zip Gode	CARDS FOR MA	ILING
To Whom Paid	PRINTING CONCE	PTS 38340	Date   MM/DD/XYYY   # 5   05/14/2019	1975.00
House #	StreetAddress		Description of Expenditure	
- City	State	Zip Code	CARDSFORMA	
i o Whom Paid	ED BRZEZINSKI		Date [MM/DD/XYYY] - 5 05/14/2019	100,00
House #	Street Address	Transport Programmer of Association	Description of Expenditure	
City	State	Zip Code	CONT. TO HISC	AMPAIGN
To Whom Paid			Date (MM/DD//YYY) : \$	:
House #1	Street Address	LANE L NORMAN AND AND AND AND AND AND AND AND AND A	Description of Expenditure	
City	State:	Žip Gode		
Fo Whom Paid			Date:[MM/DD/WYY)] \$	
(House#)	Street Address		Description of Expenditure	
(Gity)	States	Zip Gode		

### **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 (dentification Number:			·
Name of Creditor  House # Street  City  Description of Debt	et Address	DATE DEBT INCURRED [MM/DD/YYYY]  State Zip Code	Outstanding Balance of Debt
Name of Creditor  House#! Sire  City  Description of Debt	et-Address	DATE DEBT INCURRED [MM/DD/YYYY]  State Zip Code:	Outstanding Balance of Debt  S
Name of Creditor	et:Address	DATE DEBT INCURRED [MM/DD/YYYY]  State Zip Code no	Outstanding Balance of Debt.
Description of Debt  Name of Creditor  House # Stre	et-Address	DATE DEBT INCURRED [MM/DD/YYYY]. State Zip	Outstanding Balance of Debt
	et/Address	DATE DEBT INGURRED	Outstanding Balance of Debt
City  Description of Debt  Name of Creditor  House#  Stre	et-Address ,	State Zip Gode DATE DEBT INGURRED	Outstanding Balance of Debt 1
(Gity) Description of Debt		State Zip.	