

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

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)		Year	Amendment Report		Termination Report			
05/21/2019			<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/6/19	6/10/19	
A. Amount Brought Forward From Last Report	\$	2633.98	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	6150.00	
C. Total Funds Available (Sum of Lines A and B)	\$	8783.98	
D. Total Expenditures (From Schedule III)	\$	5879.75	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2904.23	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	—	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	—	

## 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

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

My Commission expires

MO. DAY YR.

Commission number 1182495

Part II- If this is a **Candidate** report, 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

day of 20

Signature

My Commission expires

MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

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

<b>Filer Identification Number</b>	<i>FIORILEONE</i>		
<b>1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ <i>50.00 MR+MRS LOMBARDI</i>
<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)		\$	<i>6000</i>
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)		\$	<i>2500</i>
All Other Contributions (Part D)		\$	<i>3000</i>
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)	\$ <i>6150.00</i>
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 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	FIORE LEONE	
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Full Name of Contributing Committee	NORTHWEST GOOD GOV. PACT		Date [MM/DD/YYYY]	S	2500. <sup>00</sup>
House #	100	Street Address	STATE ST. SUITE 440		Date [MM/DD/YYYY]
City	ERIE	State	PA	Zip Code	16507

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

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

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

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

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

## 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:		FIORE LEONE										
Full Name of Contributor		BRIAN McLAUGHLIN		Date [MM/DD/YYYY]		05/07/2019		S		100.00		
House #	Street Address		1401 STATE ST. APT 406		Date [MM/DD/YYYY]		05/07/2019		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]		05/07/2019		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]		05/07/2019		S		CK#	
City	EDINBORO		State	PA	Zip Code	16412		Date [MM/DD/YYYY]		S		
Full Name of Contributor		SHELLY ADAMS		Date [MM/DD/YYYY]		05/07/2019		S		100.00		
House #	Street Address		5999 MILLER RD		Date [MM/DD/YYYY]		05/07/2019		S		CK#	
City	GLRARD		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 #	Street Address		6129 INVERNESS TERRACE		Date [MM/DD/YYYY]		05/07/2019		S		CK# 2388	
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 #	Street Address		520 LINCOLN AVE		Date [MM/DD/YYYY]		05/07/2019		S		CK#	
City	ERIE		State	PA	Zip Code	16505		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: <span style="float: right; font-family: cursive;">FIORE LEONE</span>					
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Full Name of Contributor: <span style="font-family: cursive;">M. MCCORMICK</span>				Date [MM/DD/YYYY]: <span style="font-family: cursive;">05/07/2019</span>	\$	<span style="font-family: cursive;">1,000.<sup>00</sup></span>
House #	Street Address: <span style="font-family: cursive;">P.O BOX 1205</span>		Date [MM/DD/YYYY]	\$	<span style="font-family: cursive;">CK# 22147</span>	
City: <span style="font-family: cursive;">ERIE, PA.</span>	State	Zip Code: <span style="font-family: cursive;">16512</span>	Date [MM/DD/YYYY]	\$		
Employer Name: <span style="font-family: cursive;">SELF</span>			Occupation: <span style="font-family: cursive;">RETIRED</span>			
Employer Mailing Address / Principal Place of Business: <span style="font-family: cursive;">SAME</span>						

  

Full Name of Contributor: <span style="font-family: cursive;">DAVE CIACCHINI</span>				Date [MM/DD/YYYY]: <span style="font-family: cursive;">05/07/2019</span>	\$	<span style="font-family: cursive;">1000.<sup>00</sup></span>
House #: <span style="font-family: cursive;">1250</span>	Street Address: <span style="font-family: cursive;">TOWER LANE</span>		Date [MM/DD/YYYY]	\$	<span style="font-family: cursive;">CK# 4259</span>	
City: <span style="font-family: cursive;">ERIE</span>	State: <span style="font-family: cursive;">PA</span>	Zip Code: <span style="font-family: cursive;">16505</span>	Date [MM/DD/YYYY]	\$		
Employer Name: <span style="font-family: cursive;">H.B. KWEBER</span>			Occupation: <span style="font-family: cursive;">C.E.O</span>			
Employer Mailing Address / Principal Place of Business: <span style="font-family: cursive;">SAME</span>						

  

Full Name of Contributor: <span style="font-family: cursive;">MR &amp; MRS SALVIA</span>				Date [MM/DD/YYYY]: <span style="font-family: cursive;">05/20/2019</span>	\$	<span style="font-family: cursive;">1,000.<sup>00</sup></span>
House #: <span style="font-family: cursive;">5725</span>	Street Address: <span style="font-family: cursive;">THOMAS ROAD</span>		Date [MM/DD/YYYY]	\$	<span style="font-family: cursive;">CK#</span>	
City: <span style="font-family: cursive;">FAIRVIEW</span>	State: <span style="font-family: cursive;">PA</span>	Zip Code: <span style="font-family: cursive;">16415</span>	Date [MM/DD/YYYY]	\$		
Employer Name: <span style="font-family: cursive;">H.B. KWEBER</span>			Occupation: <span style="font-family: cursive;">ADM.</span>			
Employer Mailing Address / Principal Place of Business: <span style="font-family: cursive;">1250 TOWER LANE - ERIE, PA 16505</span>						

  

Full Name of Contributor:				Date [MM/DD/YYYY]	\$	
House #	Street Address		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

3,000

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

Filer Identification Number	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
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TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
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TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
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TOTAL for the reporting period	(3)	\$	
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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>	
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<b>Full Name of Contributor</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>
			<b>\$</b>
<b>Description of Contribution</b>			

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

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

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

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



**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]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				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]		\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				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]		\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				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]		\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III  
Statement of Expenditures

Filer Identification Number	
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To Whom Paid		POST MASTER (PC# 72463)		Date [MM/DD/YYYY]	05/08/2019	\$	1147. <sup>92</sup>
House #	Street Address			Description of Expenditure			
City	State			Zip Code	MAILING		
To Whom Paid		POST MASTER (PC# 72463)		Date [MM/DD/YYYY]	05/08/2019	\$	324. <sup>91</sup>
House #	Street Address			Description of Expenditure			
City	State			Zip Code	MAILING		
To Whom Paid		POSTMASTER (PC 72312)		Date [MM/DD/YYYY]	05/08/2019	\$	1147. <sup>92</sup>
House #	Street Address			Description of Expenditure			
City	State			Zip Code	MAILING		
To Whom Paid		PRINTING CONCEPTS INV# 38341		Date [MM/DD/YYYY]	05/14/2019	\$	1184. <sup>00</sup>
House #	Street Address			Description of Expenditure			
City	State			Zip Code	CARDS FOR MAILING		
To Whom Paid		PRINTING CONCEPTS INV# 38340		Date [MM/DD/YYYY]	05/14/2019	\$	1975. <sup>00</sup>
House #	Street Address			Description of Expenditure			
City	State			Zip Code	CARDS FOR MAILING		
To Whom Paid		ED BRZEZINSKI		Date [MM/DD/YYYY]	05/14/2019	\$	100. <sup>00</sup>
House #	Street Address			Description of Expenditure			
City	State			Zip Code	CONT. TO HIS CAMPAIGN		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address			Description of Expenditure			
City	State			Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address			Description of Expenditure			
City	State			Zip Code			

5879.<sup>75</sup>

**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						