



Reset Form

Print Form

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	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	J. Michael Lindner							
Street Address	2606 Kimberly Dr							
City	Erie	State	PA	Zip Code	16509			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd 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)	5/21/2019		Year	2019		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	04/02/2019	06/17/2019	
A. Amount Brought Forward From Last Report	\$	0	<div>2019 JUN 19 PM 2:30</div> <div>NOT RECORDED</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	747.84	
C. Total Funds Available (Sum of Lines A and B)	\$	747.84	
D. Total Expenditures (From Schedule III)	\$	747.84	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 page, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

day of June 2019
Janet Hernandez
Signature

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

Michael Lindner
Signature of Person Submitting report
Michael Lindner
Printed Name

814 397-2411
Area Code Daytime Telephone Number

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 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

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$
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)			\$
Total for the reporting period		(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)			\$
All Other Contributions (Part D)			\$
Total for the reporting period		(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
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.

Filer Identification Number	
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										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]	\$		
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 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:									
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
J. Michael Lindner					04/02/2019		\$	100
House #	2606	Street Address			Date [MM/DD/YYYY]		\$	
		Kimberly Dr			04/17/2019		\$	50
City	Erie	State	PA	Zip Code	16509	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.

Filer Identification Number:	
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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 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:	
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Full Name of Contributor J. Michael Lindner					Date [MM/DD/YYYY] 04/02/2019		\$ 597.84
House # 2606	Street Address Kimberly Dr			Date [MM/DD/YYYY]		\$	
City Erle	State PA	Zip Code 16509		Date [MM/DD/YYYY]		\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
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							
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							
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							

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

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period

(2)

\$

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

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

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]		\$
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]		\$	
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:

To Whom Paid		R Frank Photography LLC			Date [MM/DD/YYYY]		04/03/2019		\$		100	
House #		2199		Street Address		Foxboro Ct.			Description of Expenditure			
City		Erie		State		PA		Zip Code		16510		
										Social Media Photographs		
To Whom Paid		DeSantis Signs & Graphics Inc.			Date [MM/DD/YYYY]		04/02/2019		\$		597.48	
House #		540		Street Address		West 18th Street			Description of Expenditure			
City		Erie		State		PA		Zip Code		16502		
										Campaign yard signs		
To Whom Paid		Community Access Media			Date [MM/DD/YYYY]		4/17/2019		\$		50	
House #		142		Street Address		West 12th Street			Description of Expenditure			
City		Erie		State		PA		Zip Code		16501		
										Candidate Media Segment		
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				
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				

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							