

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

Filer Identification Number	(Note: III	Report (Mark	Filed B		ndida		X		mmittee			Lobb	yist
Name of Filing Committee, Car Lobbyist	ndidate or	J. Michae		r		<u> </u>			<u> </u>		· (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 sec. 15 sec. 1	
Street Address		2606 Kin	nberly Dr	•					•				
City Erie	and the second section of the second section of the second second second second second second second second se			St	ate	PA		Ziį	o Code	16509			
Type of Report (Place x under r	eport type)												
1-6 th Tuesday 2-2 nd Friday Pre-Primary Pre-Primary		4-6 th Tu Pre-Ele		5- 2 nd Fr Pre- Ele	Section Com		0 Day Post tion	7 -	Annual	Special Pre-Elec	2 nd Friday ction	The second of the second of	al 30 Day Election
	\square		1		- 387.351]			1 220	3/3/45/3/4.	X 65 - 95 - 5	<u> </u>		
Date Of Election (MM/DD/YYYY)	5/21/2019	Year		2019	9	Am Rep	endment ort			Termina Report	_i ition		
Summary of Receipts and	From Date		To Date						For	Office Use	Only		
Expenditures	04/02/2019	(42)	06/	17/2019	<u> </u>							e de la section	e de la composição Mesas de la composição de
A. Amount Brought Forward Fr	om Last Report	\$		0			<u> </u>			2 - 42 min 1 min 2	20 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
B. Total Monetary Contribution (From Schedule I)	ns and Receipts	\$	+ 7	747.84									
C. Total Funds Available (Sum of Lines A and B)		\$;	747.84							er : 12 - 12 - 13		٠
D: Total Expenditures		\$		747.84	•							Annual An	
(From Schedule III) E. Ending Cash Balance		\$		0				٠					
(Subtract Line D from Line C) F. Value of In-Kind Contribution	ns Received	\$		•	•						n - 1	**************************************	
(From Schedule II) G. Unpaid Debts and Obligation	n s	\$		0					*			- (λ
(From Schedule IV)				.0					•		<u>C</u>	دع	
Part 1- If this is a Committee report	trassurar cian ha	ra If 1990	is a Can		avit Sec		to sign hora				4001.4		
I swear (or affirm) that this report, i	ncluding the attac	ned scare	dules S h	pab e r, is	to the b	oest o	f my knowle	dge a	nd belief tr	ue, correct	and complet	te.	
Sworn to fand subscribed before me	this 19	a - Not	13.2 13.2	on of 1) <i>G</i>	ntl-	H	/				-
Lonia (Von	na nale		Per April	Associati		/ /lichae	Signature el Lindner	of Pe	rson Subm	itting repo	rt		
Signature)) a			E As				Pr	inted Nam	e			
My Commission expires 4-3	3 - 25 DAY YR.	hoff	Erie C Ssion ey		814	t rea Co				2411	hone Numbe		•
		a Fe	E	W W			.uc		Lay	чте тетер			
Part II- If this is a report of a Candid I swear (or affirm) that to the best of amended.							t violated an	y pro	visions of t	he Act of Ju	ine 3, 1937 (I	P.L. 133	3, NO.320) as
Sworn to and subscribed before me	this	ğ		Ĵ≊					i				
day of	20		• 1 -						•				
].				Sig	natur	e of Candid	late		_	
Signature			$\ \cdot\ $					Print	ed Name				
My Commission expires	DAV VD					ron Ca	<u></u>		Day -	ima Talast	ana Nirember		
MO.	DAY YR.				Ar	rea Co	iae		payt	irne reieph	one Number		
	year and the second P	w =				•							

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
<u>and the state of </u>	
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 (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 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	n Number				-
			٠		
	and the second second				
Full Name of Co	ontributing				nount
Committee				Date [MM/DD/YYYY] \$	
House #	Street Addres	ss		Date [MM/DD/YYYY] \$	
City		VCanada 1	75.000		
		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	·
Committee					
House#	Street Addres	id .		Des Issue (on hange)	
		Ž		Date [MM/DD/YYYY] \$	
	Se Add Services				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
a de la composición del composición de la compos					
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee				Sate [tailet] DDJ 11 [1]	
-11-					
House #	Street Addres	S		Date [MM/DD/YYYY] \$	
		* I		47	
City	The section of the se	State	Zip Code	Date [MM/DD/YYYY] \$	
			2.0 0000	Date [MM/DD/YYYY] \$	
Full Name of Cor	stributina	1.5 (1.5)			
Committee	ia ibuang			Date [MM/DD/YYYY] \$	
	le de la company				
House #	Street Address	5		Date [MM/DD/YYYY] \$	
200					
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY] \$	
			,	Sace paragraphy 3	
Fall No.					
Full Name of Con Committee	itributing			Date [MM/DD/YYYY] \$	
committee		,			
House #	Street Address		·	Date [MM/DD/YYYY] \$	· ·
				Date [wiw/DD/1111]	
					-
City		State	Zip Code	Date [MM/DD/YYYY] \$	
A A		* · ·			
Full Name of Con	tributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
	3 3 4 5 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	—
Alter an		francisco I	La Callanda II	in the state of th	i i

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:		;		
	80.765.88				6%
Full Name of Cor	SECT 1 4 CONTROL OF SECURITION AND ADDRESS O	indner	_		\$ 100
	J. Michael L			04/02/2019	
House # 2606	Street Address	(3v)		Secure and a contract of an example of the second	5 50
2606		Kimberly Dr	To Manager and	04/17/2019	
City Erie		State PA	Zip Code 16509	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor	2 442 100 100 100 100	and the second s	Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City	r Septimina (43)	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
				Å.	
House#	Street Addres	SS SS		Date [MM/DD/YYYY]	\$
		2 03. A mod 2 0. Total 0 0.5 A model			
City	The second second second for the second seco	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
		÷			
House #	Street Addres	SS		Date [MM/DD/YYYY]	\$
		457 838			
City	Internal of the Total Section Section 1	State	Zip Code	Date [MM/DD/YYYY]	\$
		393			
Full Name of Co	ontributor		_	Date [MM/DD/YYYY]	\$
	30 V 15 10 10 10 10 10 10 10 10 10 10 10 10 10			100 March 100 C 100 March	4
House#	Street Addres	SS 201		Date [MM/DD/YYYY]	\$
					(2) (2) (3) (3)
City	The market and property of 12 859	State	Zip Code	Date [MM/DD/YYYY]	\$
					V6 0
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
		ब्हिस		Date [MM/DD/YYYY]	S
House #	Street Addre	3SS		Space Lialial Space (Latital)	
		220 65	The state of the s	Date [MM/DD/YYYY]	S
City	_	State	Zip Code	Date [WIM/DD/THT]	

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.

Full Name of Contributing C				Date [MM/DD/YYYY] \$	
er grand by Long		wasal			
House#	Street Addre	SS O		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				The state of the s	
Contributing G	ommittee			Date [MM/DD/YYYY] \$	
House#	Street Addres	\$\$		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	- 57 C 75 9 C 6 C C C C C C C C C C C C C C C C C			Date [MM/DD/YYYY] \$	
House#	Street Addres	SS		Date [MM/DD/YYYY] \$	
		Last Extension (In the state of th		
City		State	Zip Code	Date [MM/DD/YYYY] \$	i
Full Name of Contributing Co	ommittee		- Attitude of the second	Date [MM/DD/YYYY] 5	
House #	Street Addres	S		Date [MM/DD/YYYY] \$	
2.2	A 12 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	To the supplementary	The automobile with a storey entire	4 2 3 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House#	Street Addres	S		Date [MM/DD/YYYY] \$	
		49° = 2 ° Cax Stories	Porton a tradegular de la pago concer		
Gity	<u></u>	State	Zip Code	Date [MM/DD/YYYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address	40)		Date [MM/DD/YYYY] \$	-
2.38		Exception of the control of the cont	No. 70 to the second second	-	
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:

Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
e per proposition	J. Michael Lindne	r		04/02/2019	
House #	Street Address			Date [MM/DD/YYYY] \$	
2606	Kimb	erly Dr			
ity	(765, Spinster) (2, 64), (4	State	Zip Code	Date [MM/DD/YYYY] \$	
Erle		PA	16509		
mployer Name		States of the Control		Occupation	
mployer Mailin	g Address /				
Principal Place o	Business				
Full Name of Cor	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
mployer Name	and the second control	1505 ta 4503	. + 418 - 4,124, he mit - 124 - 134	Occupation	-
mployer Mailin	- Addrose/				
Principal Place o					
Full Name of Cor	itributor			Date [MM/DD/YYYY] \$	
g chesti) per cesti i e cr	Act of the second				
House #	Street Address			Date [MM/DD/YYYY] \$	
	7				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
7.7 7.77 (3.9)					
mployer Name		1980s (1844 (18	(4.77) (2.3%) (2.8%) (3.4%)	Occupation	
Employer Mailin Principal Place o					
Full Name of Cor	A POST CONTRACTOR SERVICES CONTRACTOR CONTRACTOR			Date [MM/DD/YYYY] \$	_
House #	Street Address			Date [MM/DD/YYYY] \$	
	Micce Addies				
	200 A	Dogweg Co.		Desc Issas/DD ////	
City		State.	Zip Code	Date [MM/DD/YYYY] \$	
	and the second s				
Employer Name				Occupation	
Employer Mailin			 	The state of the confidence of the state of	
Principal Place o	f 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 Num	nber:			
Füll Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				30 32 30 32 30 35 4
Full Name		·		
House#	Street Address	<u> </u>		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			\(\sigma \) \(\sigma \) \(
Füll Name				
House #	Street Address	State	Zio	Date [MM/DD/YYYY] \$
			Zip Code	CONTRACTOR OF THE CONTRACTOR O
Receipt Description : Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			- COUC -	
			· · · · · · · · · · · · · · · · · · ·	

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

Filer Identification Number:			
	OUTIONS SECTIVES VA		CONTRIBUTOR
UNITEMIZED IN:KIND CONTR TOTAL for the reporting period	(1)	\$	CONTRIBUTOR
2. IN:KIND.CONTRIBUTIONS RE	ZENVENNVARRE GERRAN	TO SESO OF LEBONA PARTIE	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250):00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTI	ONS DURING THIS REPO	RTING \$	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; a	lso enter	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

rier identification No	imber:				
	- Andrews Sauge				
Full Name of Contri	(butor	~_		Date [MM/DD/YYYY]	*\$
				,	
House #	Street Address			Date [MM/DD/YYYY])\$
				1	
City	A Committee of the Comm	State	Zip Code	Date [MM/DD/YYYY]	\$
	·			1	
Description of Cont		Torrest and the second	EMERGE STREET SHEET ALL STREET, SHEET		<u> </u>
Full Name of Contri	butor			Date [MM/DD/YYYY]	\$5
	D 5, 41				RS .
House #	Street Address			Date [MM/DD/YYYY]	\$
				1.75	
City	(2)以表面的 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	State	Zip Code	Date [MM/DD/YYYY]	\$
	r .			Elegan Parketina and Carlotte	
Description of Contr	ribution				<u> </u>
Full Name of Contrib	butor	*	<u></u>	Date [MM/DD/YYYY]	\$
403 11.30				Zinggo, drawn	
House #	Street Address	·		Date [MM/DD/YYYY]	*\$
				Application of the second seco	
City		State	Zip Code	Date [MM/DD/YYYY]	\$ 5 5
Description of Contr	ribution	3			
		Å.			
Full Name of Contrib	Jutor				\$
			· — —		2.2
House #	Street Address			Date [MM/DD/YYYY]	## WE
City		State	Zip/Code	Date [MM/DD/YYYY]	\$
Description of Contri	Akrition				
Andrew Control of the Control			· ·		
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
Alexander (Control of the Control of		· · · · · ·	· .		
House #	Street Address			Date [MM/DD/YYYY]	°\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			FIP YOUR		
Description of Contri	ibution	State Company	Separation (Separation of Separation of Sepa	103	riths (C

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	,
Full Name of Contributor	Date [MM/DD/YYYYY] \$

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # St	reet Address		Date [MM/DD/YYYY] \$
	State	Zip Code	Date:[MM/DD/YYYY] \$
City	, 7615	zip code	
Employer Name	[[] [] [] [] [] [] [] [] [] [[257(10) (2000) (Marghan) (20)	Occupation
Employer Mailing Addres	ss / Principal.		Description of
Place of Business			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Str	eet/Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Addres	ss / Principal		Description
Place of Business			of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
Tolker of the second of the se		·	S. Charles Annual C.
House # Sti	eet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address Place of Business	ss / Principal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # St	reet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		The specific desiration can displace the last	Occupation
Employer Mailing Addre Place of Business	ss / Principal		Description of Contribution

Statement of Expenditures

Page Windows State Committee of the Comm			
Filer Identification Number:	 		
All the ALA CONTRACTOR			,
STATE OF THE STATE			
A STATE OF THE PARTY OF THE PAR			

To Whom Paid				
	R Frank Photograph			Date [MM/DD/YYYY] \$ 100
House:# 2199	Street Address	Foxboro Ct.		Description of Expenditure
Gity Erie		State PA	Zip Code. 16510	Social Media Photographs
To Whom Paid	DeSantis Signs & Gra	aphics Inc.		Date [MM/DD/YYYY] \$
House#	Street Address		<u> </u>	04/02/2019 597.48
540 City		West 18th Street		Description of Expenditure
Erie		State PA	Zip Code 16502	Campaign yard signs
To Whom Paid	Community Access N	Леdia	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$
House #	Street Address	Jack 13th Charles		4/17/2019 50 Description of Expenditure
City	View of the second	/est 12th Street	Tel-m • Cook recovers a second	The state of the s
Erie		PA	Zip Code 16501	Candidate Media Segment
Tố Whóm Paid				Date [MM/DD/YYYY] \$
House #	Street Address		<u>·</u>	Description of Expenditure
City	1980 (B) 352 (AST) (F) 454D	State	Zip	
To Whom Paid		Mark Ed	Code	
				Date [MM/DD/YYYY] \$
House #	Street Address	· .		Description of Expenditure
Gity	1 mark - 1 m	State	Zip Code	
To Whom Paid		· ·		Date [MM/DD/YYYY] \$
House#	Street Address	<u> </u>		Description of Expenditure
City	\$,	State	Zip	
To Miles but a			Code	
To Whom Paid			-	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
Citý		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
louse #	Street Address			Description of Expenditure
Pity	A commercion and construct and \$50.50.57.73.74	State	Zip Code	
		Term may Spirithen Mis 4	(2000) (2	

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 Credito			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [IMM/DD/YYYY]	S.
City		State Zip Code	
Description of D	ebt:		Outstanding Balance of Debt
Name of Credito	or.		· · · · · · · · · · · · · · · · · · ·
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of E	Debt.		
Name of Credit	or		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City .		State Zip Code	
Description of I	Debt		
Name of Credit	or		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	and the second s	State Zip Code	
Description of	Debt		
Name of Credi	tor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of			Outstanding Balance of Debt
Name of Credi	tor	The constant and the property of the property of the constant and the cons	S Superior State of Sept.
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of	Debt		,