

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	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Community to Elect Ron Manna				
Street Address	3223 Dynes Ave.				
City	Erie	State	PA	Zip Code	16510

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

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/6/19	6/6/19	
A. Amount Brought Forward From Last Report	\$	380.60	<p>NOTARIAL SEAL KIMBERLY M KRILL Notary Public MILLCREEK TWP, ERIE COUNTY My Commission Expires Oct 13, 2019</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	100	
C. Total Funds Available (Sum of Lines A and B)	\$	480.60	
D. Total Expenditures (From Schedule III)	\$	480.60	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00	
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

6 day of June 20 19

Kimberly M Krill
Signature

My Commission expires 10 13 19
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
KIMBERLY M KRILL

Notary Public
MILLCREEK TWP, ERIE COUNTY
My Commission Expires Oct 13, 2019

Magdalena Bretz
Signature of Person Submitting report
Magdalena Bretz
Printed Name

814 870-2563
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 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

6 day of June 20 19

Kimberly M Krill
Signature

My Commission expires 10 13 19
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
KIMBERLY M KRILL

Notary Public
MILLCREEK TWP, ERIE COUNTY
My Commission Expires Oct 13, 2019

Ronald Manna
Signature of Candidate
Ronald Manna
Printed Name

814 806-5623
Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	100
Total for the reporting period	(2)	\$ 100
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period	(3)	\$ 0
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0
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>	\$	100

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		Tim Lynch						Date [MM/DD/YYYY]	\$	100	
								05/17/2019			
House #	4369	Street Address		Cooper Rd				Date [MM/DD/YYYY]	\$		
City	Erie	State	PA	Zip Code	16510		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]	\$			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Eastway Lanes				Date [MM/DD/YYYY]	\$	86.36
						05/21/2019		
House #	4110	Street Address	Buffalo Rd			Description of Expenditure		
City	Erie	State	Pa	Zip Code	16510			
To Whom Paid		Applebees				Date [MM/DD/YYYY]	\$	150.00
						06/01/19		
House #	4002	Street Address	Buffalo Rd			Description of Expenditure		
City	Erie	State	Pa	Zip Code	16510			
To Whom Paid		Ron Manna				Date [MM/DD/YYYY]	\$	244.24
						06/06/19		
House #	3223	Street Address	Dynes Ave.			Description of Expenditure		
City	Erie	State	Pa	Zip Code	16510			
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				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				