



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	83-3126011	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Dan Ouellet							
Street Address	5213 Deerfield Drive							
City	Fairview	State	PA	Zip Code	16415			

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
	5/7/2019	6/10/2019	
A. Amount Brought Forward From Last Report	\$	11,280.1	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	500.1	
C. Total Funds Available (Sum of Lines A and B)	\$	11,780.2	
D. Total Expenditures (From Schedule III)	\$	100	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	11,680.2	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2,000	

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 or pages, to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

17th day of June 20 19
 Kimberly Ann Weber
 Signature

My Commission expires 5/21/21
 MO. DAY YR.

Gary Seib
 Signature of Person Submitting report
 Gary Seib
 Printed Name
 814 833-3176
 Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate's authorized committee 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

17th day of June 20 19
 Kimberly Ann Weber
 Signature

My Commission expires 5/21/21
 MO. DAY YR.

Dan Ouellet
 Signature of Candidate
 Daniel Ouellet
 Printed Name
 814 823-5395
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kimberly Ann Weber, Notary Public
 Fairview Twp., Erie County
 My Commission Expires May 22, 2021
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	83-3126011		
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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)		\$	250
Total for the reporting period	(2)	\$	250

3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	250
Total for the reporting period	(3)	\$	250

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0.10
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>		\$	500.10

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:	83-3126011
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Eric P. Smith					5/15/2019			100
House #	610	Street Address			Date [MM/DD/YYYY]		\$	
		Providence Way						
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Karen Reeves					6/7/2019			150
House #	3002	Street Address			Date [MM/DD/YYYY]		\$	
		Loveland Avenue						
City	Erie	State	PA	Zip Code	16506	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 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:	83-3126011
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Full Name of Contributor		Michael Barrett		Date [MM/DD/YYYY]		6/3/2019		\$		250	
House #	3910	Street Address		Winchester Road		Date [MM/DD/YYYY]		\$			
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]		\$			
Employer Name				Retired				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											
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:	83-3126011
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Full Name		Northwest Savings Bank									
House #	2863	Street Address		West 26th Street							
City		Erie		State	PA	Zip Code	16506	Date [MM/DD/YYYY]		\$	0.10
Receipt Description		Interest Income									
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 III
Statement of Expenditures

Filer Identification Number: 83-3126011

To Whom Paid		Millcreek Boy's Basketball Boosters				Date [MM/DD/YYYY]	\$	100
						5/21/2019		
House #	3580	Street Address	West 38th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Golf Outing Sponsorship		

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				

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:	83-3126011
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Name of Creditor		Daniel Ouellet				Outstanding Balance of Debt	
House #	3224	Street Address	West 25th Street		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 2,000
				1/25/2019			
City	Erie	State	PA	Zip Code	16506		
Description of Debt		Loan to fund start of campaign					

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							