

Commonwealth of Pennsylvania - Campaign Finance Report

| | | (Note: 1 | his re | eport mus | st be clear an | d legible. | It sho | uld be type | d) | | | | |
|--|--|-------------------------|--------------|------------------------------------|--|------------------|----------------|------------------------|--------------------------|----------------------|--------------|--------------|-------------|
| Filer Identificat Number | tion 8: | 3-3126011 | 4 | ort Filed E ark X) | By Candida | ite | | Committee | | X | Lobk | yist | |
| Name of Filing Lobbyist | Committee, Ca | ndidate or | Com | mittee to El | ect Dan Ouellet | | | | | 1 12 | | | |
| Street Address | | | 5213 | Deerfield D | Prive | | | | | | | | |
| City | Fairview | <u> 1569 - 1901 - 1</u> | | | State | PA | | Zip Code | 16415 | | | | |
| Type of Report | (Piace x under | report type) | | | | | | | | • | · | | |
| 1-6 th Tuesday | 2- 2 nd Friday | 3- 30 Day Pos | 4-6t | h Tuesday | 5- 2 nd Friday | 6- 30 Day | / Post | 7- Annual | Special 2 | nd Friday | Spec | iai 30 Day | |
| Pre-Primary | Pre-Primary | Primary | 40.0 | Election | Pre- Election | Election | | | Pre-Elect | ion | | Election | - 23 - 4 |
| | | X | | | | | | | | | | | |
| Date Of Electio (MM/DD/YYYY | The same that is a first of the same that it is a same to be a same to | 5/21/2019 | Yea | | 2019 | Amendm Report | ent | | Terminat Report | tion | | | |
| Summary of Re | ceipts and | From Date | | To Date | | | | For | Office Use | Only | | | |
| Expenditures | | 5/7/2019 | | 6/ | 10/2019 | | | | | | | | Na. |
| A. Amount Bro | ught Forward F | rom Last Repor | t ; | \$ 1 | 11,280.1 | and the second | and the second | <u> </u> | <u>and a metaled eye</u> | | | | |
| B. Total Moneta (From Schedule | | ns and Receipt | 3 | \$ | 500.1 | | | | | | | | |
| C. Total Funds A (Sum of Lines A | Contract to the second of the second | | 1 | 1 | 1,780.2 | | | | | | | | |
| D. Total Expend | | | , | 5 | 100 | | | | | | | | |
| (From Schedule E. Ending Cash I | | | <u> </u> | | | | | | | | | i | |
| (Subtract Line D | | | ` | ´ . 1 | 1,680.2 | | | | | | | | |
| F. Value of In-Ki | | ns Received | 3 | 5 | 0 | | | | | | | | |
| (From Schedule G. Unpaid Debt | 7 20 11 | | ١, | | | | | | | | | | |
| (From Schedule | | | \$ | | 2,000 | | | | | | | | |
| Part 1- If this is a (| Committee renor | t. treasurer sign h | ere. If | this is a Can | Affidavit Sed didate (Aport, ca | | here | | | | | | |
| I swear (or affirm) | | | | | | | | ge and belief to | rue, correct a | nd complet | te. | | |
| Sworn to and subs | | | | | % io | | 0 | • | | | | | |
| 17 day of_ | June | 20 19 | | ENNSYLV | e County May 22, Millow of N | Hom | di | ·, /\ | | | | | |
| Kinkey | 1. Com | (16.) | | N K S | ဂ္ဂီ ≵ြန္ | Sig ry Seib | nature o | of Person Subm | nitting report | | - | | |
| 1) Composite | <i>Signature</i> | (wile) | _ | | WIC | ry Seib | | Printed Nam | e | | | | |
| | - . $-$ / | 31 /20 | b | 15.3 | WP., Er | 4 | | | 3176 | | | | |
| My Commission ex | xpires <u> </u> | DAY YR. | _ | Area Code Daytime Telephone Number | | | | | | | | | |
| | | | | ¥ Z ₹ | ais: NSV NSV | | | | • | | | | |
| Part II- If this is a r I swear (or affirm) | eport of a Candid | late's Authorized | Comm | itte candi | date spall sign he tica spamittee i | | ted any | provisions of t | he Act of lur | a 2 1937 / | D 133 | 3 NO 3201 a | |
| amended. | that to the best t | or my knowledge | una be | S Z | NA ENBERGE | ias flot viola | tea arry | provisions or i | ine Act of Jul | ie 3, 1337 (i | | 3, NO.3207 E | |
| Sworn to and subs | cribed before me | this this | | | | _ | 11 . | 01/1 | 11 | | | | |
| 17th day of Sune 20 19 | | | | | 2021 OTARIES |) mm/ | <u> </u> | I. Ch | <u>/</u> | · | | | |
| Turbu | , X | ਤ – ∷ਮੁ∕ Dai | niel Ouellet | | ature of Candid | date | | | | | | | |
| Signature 5 2 2 1 2 | | | | PENNS | Erie County Erie County 18 May 22 OCIATION OF | 4 | ı | Printed Name 823-55 | 395 | | | | |
| My Commission expires $O \cap V \cap V$. | | | | AL SE | SOCIA | rea Code | - | Dayt | ime Telephoi | ne Number | | | |
| | | | | ARI | NA EXP | | | | | | | | |
| | | | | NWEAL | SYLVA | | | | | | | | |
| | | | | \$ | | , | | | | | | | |

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| Filer Identification Number | | | |
|------------------------------|------------|--|--|
| | 83-3126011 | | |
| 보다 사람들이 한테 하는 것이 나는 항상하는 물건을 | | | |

| 1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | |
|--|---------------|
| Total for the reporting period (1) | \$ o |
| 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) | \$ o |
| 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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B) | \$ 500.1 🛭 |

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 Identific | cation Number: 83-31260 | 011 | | | | |
|--|--|--|----------------------------|--|--|--|
| ** *** · · · · · · · · · · · · · · · · | A STATE OF THE STA | | | | - | |
| Full Name c | of Contributor | | | Date [MM/DD/YYYY] | \$ | - N |
| | Eric P. Sm | nith | | 5/15/2019 | | 100 |
| House # | Street Addre | r ess Providence Way | | Date [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Erie | | PA | 16509 | 1985 A. S. C. S. Bright Co. Co. Co. Co. Co. Co. Co. C. | (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | |
| Full Name c | of Contributor | , 4% grywai si | Ker (Astronography) | Date [MM/DD/YYYY] | \$ | |
| | Karen Ree | | | 6/7/2019 | | 150 |
| House # | Street Addre | Company of the Compan | | Date [MM/DD/YYYY] | \$ | |
| A garage | .02 | Loveland Avenue | | | | |
| City Erie | | State PA | Zip Code 16506 | Date [MM/DD/YYYY] | \$ | 3 |
| Full Name c | of Contributor | Mariney and the | [Maches accessed] | Date [MM/DD/YYYY] | \$ | |
| | | | | Parameter on the state of the s | | |
| House # | Street Addre | ess | | Date [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | ZIPCOGE | Date (Min) | | |
| Full Name o | of Contributor | History . | Abore with a real property | Date [MM/DD/YYYY] | \$ | |
| House # | Street Addre | ess | , | Date [MM/DD/YYYY] | \$ | |
| | | 1 | | | No. | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Full Name of | of Contributor | | | Date [MM/DD/YYYY] | \$, | |
| House # | Street Addre | ASS | | Date [MM/DD/YYYY] | \$ | |
| Alexander of the second | | ************************************** | <u></u> - | | | 1 |
| City | - · · · · · · · · · · · · · · · · · · · | State | Zip Code | :Date [MM/DD/YYYY] :: | S | |
| Full Name of | of Contributor | (b) Thrane. |) | Date [MM/DD/YYYY] | \$ | |
| House # | Street Addres | · | | Date [MM/DD/YYYY] | | . |
| House # | Succession | .55 | | Date Hamilton Level | \$ | |
| City | Marine State | 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 (dentificatio | n Number: 83-3126011 | | | | |
|--|--|----------------|---|--|---|
| | | | | | |
| Full Name of Co | 14 May 14 May 15 M | | | Date [MM/DD/YYYY] | \$ 250 |
| | Michael Barret | II. | | 6/3/2019 | 250 |
| House # 3910 | Street Address | | | Date [MM/DD/YYYY] | S |
| | W | inchester Road | | İ | |
| City Erie | | State PA | Zip Code 16506 | Date [MM/DD/YYYY] | |
| Employer Name | Re | etired | App. 1884 1888 18 1 1 1 1 1 1 1 1 1 1 1 1 1 | Occupation | <u>ISTSE</u> |
| Employer Maili Principal Place | | | | | |
| Full Name of Co | with the contract of with the collins of the contract | | | Date [MM/DD/YYYY] | \$ |
| | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| And the second s | | | | | |
| City | Service in the contract of the | State | Zip Code. | Date [MM/DD/YYYY] | \$ |
| Employer Name | | 37 333 | | Occupation | 200 A 100 A |
| Employer Maili Principal Place (| | | | | |
| Full Name of Co | 11.1 Mar. 14.1, 14.2 / 1.14.1 / 1.14.14 | | | Date [MM/DD/YYYY] | |
| | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | |
| | | | | | 2007 2007 2007 |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | Occupation | |
| Employer Mailin Principal Place o | ng Address / | | | | |
| Full Name of Co | the rest of the section of the secti | | | Date [MM/DD/YYYY] | S |
| | | | | | (1 등) 3 시) 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | S |
| | | | | | |
| Employer Name | | | | Occupation | |
| Employer Meilin | ν Δημες / | | | 1977年1月2日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2日 | |

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:

| rae: idealth aton Aun | | 83-3126011 | | | |
|---|--------------------------------------|----------------------------|---------------------------------------|--|---|
| Market Bar Mark Change a contest to the | oggeree | | | | |
| Full Name | | Northwest Savings Bank | | | |
| House # 2863 | Stre | eet Address West 26th 5 | | | |
| City | | Erie | State PA | Zip Code 16506 | Various \$ 0.10 |
| Receipt Description | | Interest Income | | | |
| Full Name | de ja jaka | | · · · · · · · · · · · · · · · · · · · | | |
| House # | Stre | et Address | | | |
| City | | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | # 36% \$ 1 1 1 lal | |
| Full Name | | | | | |
| House # | Stre | et Address | | | |
| City | | \$2. 444 (5.8% (24.5)) | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | freedom consult | (1. Xeles, 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | K65-74 |
| Full Name | | | | | |
| House # | Stre | et Address | | | |
| City | | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | (3.4) 4.5) | | The second second | | |
| Full Name | (2) (2) (2) (3) (3) (4) | | | | |
| House# | Stre | et Address | | | |
| City | | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | to represent the see | To the section section (III) | 1 Prest |
| Full Name | ing England Na ing Ing Pangkan | | . ' | | |
| House # | Stre | et Address | | | , |
| City | | And the Comment | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | | Provi |
| | | | | | |

North Comment

SCHEDULE III Statement of Expenditures

| ιF | iler Identification Number: | | | |
|----|-----------------------------|--|------|--|
| | 83-3126011 | | | |
| ٦, | | | | |
| | | | | |

| To Whom Paid | Millcreek Boy's Basks | ethall Boosters | | Date [MM/DD/YYYY] \$ 100 |
|------------------|--|--|----------------------------------|--|
| | A Section 1 | | | 5/21/2019 |
| House # 3580 | Street Address _W | est 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 | | and the second s | Color and color page 150 moderal | 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 | <u> </u> | State | Zip Code | |
| To Whom Paid | | | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | | Description of Expenditure |
| City | A STATE OF THE STA | State | Zip Code | |
| To Whom Paid | | ······································ | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | | Description of Expenditure |
| City | | State | Zip Code | 2012/1982 11-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13- |

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 | | · | |
| C. T. C. | | | | |
| | | | | |

| Name of Credito | Daniel Ouellet | | | | Outstanding Balance of Debt |
|--------------------|----------------------------------|---|------------------------------------|-----------------------|--|
| House # 3224 | Street Address West 25th | Street | DATE DEBT IN [MM/DD/ 1/25/20 | YYYY) | |
| City | Erie | State | PA Zip Code | 16506 | 2,000 |
| Description of De | ebt Loan to fund start of car | mpaign | | | <u> \$500 </u> |
| Name of Credito | | | | | Outstanding Balance of Debt |
| House # | Street Address | | DATE DEBT IN [MM/DD/ | がたいしょうしょう ベート・カース ずなん | \$ |
| City | | State | Zip Code | | |
| Description of De | lot | | | | |
| Name of Creditor | | _ | | | Outstanding Balance of Debt |
| House # | Street Address | | DATE DEBT IN [MM/DD/ | | |
| City | | State | Zip Code | | |
| Description of De | | | | | • |
| Name of Creditor | | | | | Outstanding Balance of Debt |
| House # | Street Address | 7 | DATE DEBT IN [MM/DD/1 | | \$ |
| City | N I | State | Zip Code |)) | |
| Description of De | bt | <u>, , , , , , , , , , , , , , , , , , , </u> | | | , and the second |
| Name of Creditor | | | | | Outstanding Balance of Debt |
| House # | Street Address | \$ 5 5 1 | DATE DEBT IN [MM/DD/\ | | |
| City | | State | Zip Code | | |
| Description of De | 51 | | Production (1) | TP4P | - Carl |
| Name of Creditor | | ,, | | | Outstanding Balance of Debt |
| House # | Street Address | | DATE DEBT IN [MM/DD/Y | | \$ |
| City | | State | Zip Code | | |
| Description of Del | bt: | | | | |