

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	83-4364339	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	Friends to Elect Davona Pacley							
Street Address	815 Hickory Hill Blvd.							
City	Eric	State	PA	Zip Code	16509			

Type of Report (Place x under report type)

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

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	5/11/19	6/10/19	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	21.18	
C. Total Funds Available (Sum of Lines A and B)	\$	777.71	
D. Total Expenditures (From Schedule III)	\$	798.89	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	79.61	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	719.28	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	200.00	

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 schedule, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 13 <sup>th</sup> day of June 20 19 Signature: <u>Tonia Fernandez</u> My Commission expires 4-3-23 MO. DAY YR.	Affidavit Section Signature of Person Submitting report <u>Kyra Taylor</u> Printed Name Kyra Taylor Area Code 724 Daytime Telephone Number 498-7018

Part II- If this is a report of a Candidate's Authorized Committee, candidate 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 13 <sup>th</sup> day of June 20 19 Signature: <u>Tonia Fernandez</u> My Commission expires 4-3-23 MO. DAY YR.	Signature of Candidate <u>Davona Le Pacley</u> Printed Name Davona Le Pacley Area Code 814 Daytime Telephone Number 218-1987

Commonwealth of Pennsylvania - Notary Seal  
 Tonia Fernandez, Notary Public  
 Erie County  
 My commission expires April 3, 2023  
 Commission number 1288912  
 Member, Pennsylvania Association of Notaries

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number		83-4364339	
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 777.71
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>		\$	777.71

## 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						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]	\$	
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]	\$	
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				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:	
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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 RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

Filer Identification Number:	83-43104339
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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)	\$ 200.00

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)		\$ 200.00
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number:	83-43164339
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Full Name of Contributor					Date [MM/DD/YYYY]		\$
Latino's Restaurant					05/11/2019		100.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
1315	Parade Street						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Erie	PA	16503					
Description of Contribution							
Restaurant Space/Food for Campaign Fundraiser							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Like My Thai					05/11/2019		100.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
827	State Street						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
ERIE	PA	16501					
Description of Contribution							
Gift Cards for Fundraiser							

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: <div>83-4364339</div>
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To Whom Paid		CASH APP/Square		Date [MM/DD/YYYY]	05/11/2019	\$	1.80
House #	1455	Street Address	Market Street	Description of Expenditure			
City	San Francisco	State	CA	Zip Code	94103	Deposit Fees	
To Whom Paid		CASH APP/Square		Date [MM/DD/YYYY]	05/14/2019	\$	1.20
House #	1455	Street Address	Market Street	Description of Expenditure			
City	San Francisco	State	CA	Zip Code	94103	Deposit Fee	
To Whom Paid		The UPS Store #5155		Date [MM/DD/YYYY]	05/31/2019	\$	76.61
House #	2501	Street Address	West 12th Street	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16505	Packaging & Mailing T-Shirts	
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							

Name of Creditor:						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code				
Description of Debt							