Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Report Filed By Candidate Committee Lobbyist Filer Identification Number (Mark X) Name of Filing Committee, Candidate or Frirends of Veronica Rexford Lobbyist Street Address PA Box 8743 Zip Code State City 16505 PΑ Erie Type of Report (Place x under report type) 5- 2nd Friday 6-30 Day Post 7- Annual Special 2nd Friday Special 30 Day 1-6th Tuesday 2- 2nd Friday 3-30 Day Post 4-6th Tuesday Pre-Election Post-Election Election Primary Pre- Election Pre- Election Pre-Primary **Pre-Primary** Termination Amendment **Date Of Election** Year 05/21/2019 2019 Report Report (MM/DD/YYYY) For Office Use Only Summary of Receipts and From Date To Date Expenditures 06/20/2019 05/21/2019 A. Amount Brought Forward From Last Report 223.71 **B. Total Monetary Contributions and Receipts** 785.00 (From Schedule I) C. Total Funds Available \$ 1008.71 (Sum of Lines A and B) D. Total Expenditures \$ 909.12 (From Schedule III) E. Ending Cash Balance \$ (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations Part 1- If this is a Committee report, treasurer sign here. If this is a Committee report, including the attached schedules on passing a conscribed before me this avit Section port, candidate sign here. to the best of my knowledge and belief true, correct and complete. Signature of Person Submitting Printed Name My Commission expires Part II- If this is a report of a Candidate's Authorized Comm itee, canedate hall sign here. mmittee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as I swear (or affirm) that to the best of my knowledge and belief this politica amended. worn to and subscribed before me this Signatur Printed Name My Commission expires

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer dentification Number	 		

1.Unitemized Contributions and Receipts-\$50,00 or Less per Contributor	
Total for the reporting period (1)	\$ 485.00
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)	\$ 300.00
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)	\$ 785.00

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	<u> </u>			
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5	
House # Street Addre		·	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addre	SS 14		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	()		Date [MM/DD/YYYY] \$	
House # Street Addres	Š		Date [MM/DD/YYYY] \$.	
City	State	Zip.Code	Date (MM/DD/YYYY) \$	
Full Name of Contributing Committee	:		Date (MM/DD/YYYY) 5	
House # : Street Addres	5 .5		Date [MM/DD/YYYY] S	
City.	State	Zip Code	Date [MM/DD/YYYY] - \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addres	SS .		Date [MM/DD/YYYY] \$	
GIV.	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	<i>α</i>		Date [MM/DD/YYYY] \$	
House # Street Addres		Bywara	Date [MM/DD/YYYYY] \$	******
©ity	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:			·

Full Name of Contributor			Date [MM/DD/YYYY]	\$	
	Rebeca Pruveadenti		05/11/2019		100.00
House # Str	eet Address Hastings Rd		Date [MM/DD/YYYY]	\$	
City				ė	
Erie	PA	Zip Code 16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	100000000000000000000000000000000000000	oppolition or multiply to a substitution or control of	Date [MM/DD/YXYY]	\$	
	Andrea Jeffress		05/13/2019		100.00
House # Str	eet Address West 38th St		Date [MM/DD/YYYY]	\$	
				4	
City Erie	State PA	Zip Code 16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
	Patt Herr		05/13/2019		100.00
House # Str	eet Address Robinson Rd		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie	PA	16509			
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
Maria da Ma Maria da Maria da Ma	eet Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MIM/DD/YYYY]	\$	
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
House # Stre	et Address		Date [MM/DD/YYYY]	\$	
City		Zip Code		\$	
Full Name of Contributor		_	Date [MM/DD/YYYY]		
The state of the s	et Address			\$	
City	State 2	Kip Code	Date [MM/DD/YYYY]	\$	

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 Committee			Date [MM/DD/YYYY] \$	
House # Street Addr	. /fi		Date [MM/DD/YYYY] \$	
City.	State	- Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date (MM/DD/YYYY) \$	
House # Street Addr	ess		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY) \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addr			Date [MM/DD/YYYY] \$	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	idontus.		Date [MM/DD/YYYY] \$	
House # Street Addre		·	Date [MM/DD/YYYY] \$	
City Full Name of	State.	Zip Code	Date [MM/DD/YYYY] \$	
Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addre		THE STREET WAS ENGLISHED AND STREET	Date [MM/DD/YYYY] 5	THE STATE OF THE S
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	CANONIA .		Date [MM/DD/YYYY] \$	
House # Street Addre		FERNINGE HAVE COMMISSED WAYN	Date [MM/DD/YYYY] 5	NAC STATE OF THE S
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 Contributor	-10		Date [MM/DD/YYYY] \$	
	4			
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
reduced by				
Employer Name		As a distribution of the second secon	Occupation	,
Employer Mailing Address / Principal Place of Business			Editorial (Syl Columbia Andreas Chamacory	
Full Name of Contributor	31 		Date [MM/DD/MYY) \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	
	June			
Employer Name	Fig. str. control of the control	EXTENSION AND DESCRIPTION OF STANKING	Occupation	
Employer Mailing Address / Principal Place of Business			Processor and Section 11	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
especial la delegione de la referencia de la companya del companya de la companya				
House # Street Address	-		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
		i programa i incidia	233-1007227111	
Employer Name		▶ 727 74 1993 64 7 7 7 9 1990 60 1990 60 1990 60 18 18 18 18 18 18 18 18 18 18 18 18 18	Occupation	
Employer Mailing Address / Principal Place of Business			PER CONTROL OF CONTROL	
Full Name of Contributor		***************************************	Date [WM//DD/YYYY/] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	Julie	THE STATE OF THE STATE OF	voice (Min/20/1117)	
Employer Name			Occupation	
Employer Mailing Address /				

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				
Full Name				
		·		
	treet Address		-	
City		State	Zip Code	Date [MW/DD/YYYY] \$
Receipt Description				
			·	•
Full Name				
House # S	treet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House# Si	treet Address			
City		State	Zip Code	Date [MM/DD/YYYY] 5
The Tallacian Description of the San			Code	
Receipt Description				
Full Name				
House # St	treet Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
	reet Address	<u></u>		
City		State	Zip .	Date [MM/DD/YYYY] \$
um direktiya estimen pulibal Tarakwa direktiya direktiya	·		Code	
Receipt Description				
Full Name				
House # St	reet Address		. :	
City		State	Zip	Date (MM/DD/YYYY) \$
Receipt Description			Code	
and a specifical				

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:			
4 UNIXEMIZED BLUND CONT	RIBUTIONS REGEIVED-VALUE OF	al company and the Salan	LEGG DE CONTRINUTOR
TOTAL for the reporting period	(1)	\$ \$	EC3*FCN.COUTRIBOTOR
2. IN-KIND CONTRIBUTIONS RI	GEIVED VARUE OF \$50,01 TO \$	250.00 (FRO)	M PART F)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$250.00 (F	ROM PART G	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; also ent	er \$	·

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	Number:			·	
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date (MM/DD/YYYY) \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ntribution				
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	process includes and lack and the lack and	State	Zip Code	Date [MM/DD/YYYY] S	
			s. Licely and open		
Description of Co	ntribution			I BENTALEST	
Full Name of Con	ributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
				p. p.	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
10					
Description of Co	ntribution				
Full Name of Cont	ributor	1000		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Cor	ntribution				
Full Name of Cont	ributor	#22 4		Date [MM/DD/YYYY] \$	
House #	Street Address			Bate [MM/DD/YYYY] \$	
				10.51	
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
			is cascard with other		
Cocculation of Car	eribueloo			- AAMANI	

SCHEDULE II Part G

In-Kind Contributions Received

		VALUE OVER \$250	<u>.</u>
Filer Identification Number:			
	<u> </u>		
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	Takapa san apar kamara ada asa	Data hanga Managa pilaka (Managa pilaka) (Managa pilaka kanaga	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 Employer Name	State	Zip Code	Date [MM/DD/YYYY] S
Section and a second of the particular and the			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY) 5
House # Street Address	Province policies	ESSA WATERA CARE PROCESSION OF	Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$ Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

SCHEDULE III Statement of Expenditures

•		ε	и	x	٨	×	s	K	b	k	ı	s	G	3	â	ŭ	S	۵	e		Ē	Ĭ.	ů	ş	t	٩		ä	3		٤	ø	8	ì		ç	K	٥	8	٤	š	ŝ		ĸ	ě	3	í	ä	Х	۵	U	â	ä		P.	٤		я	×	ä	ú	а	s	×		۱
		8	h	į	B	s	ı	1	S		1			1		z		ľ		ľ					ı		H		3	i	Š		2	ı					ı		ı			S	E	٠	t		ŀ	i	t	r	а	н	Ē	т	n	F	а			z		3		
		Я		В	ð	3	3				ķ		c	Ē	Ž	8					Ĉ	3	Ž	3		S		ä	ì		ŧ	3	Ø	1		į	۶	3	Š	٤		t		S	š	Š	đ		ä	ŝ	n	a	ž		3	ž	3	z	S	c		ä		š		
١	83	83															E			ľ					š	٤		2	Ŗ	Š	Š	ä	ì	ŝ	ä	3	ĕ				ž		ž		E	3	3	٤	Ŗ	B		ø	S	ē		ž	S	8	8		e	×	۰			
																		×			į								ĕ		8	S						٤					ê		8	ĕ									٤		8				В	a		ş	8	

To Whom Paid	Date [MM/DD/YYYY] \$
USPS	05/11/2019 280.00
House # 2711 Street Address Legion Rd	Description of Expenditure
City Erie State PA Zip 16506	postage
To Whom Paid Office Max	Date [MM/DD/YYYY] \$ 37.10
	05/17/2019
House # 905 Street Address Millcreek Mall	Description of Expenditure
City Erie State PA Zip Code 16506	office supplies
To Whom Paid: Valerios	Date [MM/DD/YYYY] \$ 35.55
House # Street Address	05/21/2019 30.55 Description of Expenditure
724 Powell Ave	
City Erie State PA Zip Code 1650	food
To Whom Paid Marisol Amador	Date [MM/DD/YYYY] \$ 420.00
	05/24/2019
House # 5339 Street Address Apple Grove Ln	Description of Expenditure
City Erie State PA Zip Code 16506	reimbursement for postage
**************************************	Sandy about and the sand sand sand sand sand sand sand sand
To Whom Paid County of Frie	Date [MM/DD/YYYY] \$
County of Erie	05/23/2019 120.00
To Whom Paid County of Erie House # 140 Street Address W 6th St	120.00
County of Erie	05/23/2019 120.00
County of Erie House # 140 Street Address W 6th St City _ State _ Zip	05/23/2019 120.00 Description of Expenditure filing fee Date [MM/DD/YYYY] \$ 6.76
County of Erie House # 140 Street Address W 6th St City Erie State PA Code 16501 Act Blue	05/23/2019 120.00 Description of Expenditure filling fee Date [MM/DD/YYYY] \$ 06/11/2019 6.76
County of Erie House # 140 Street Address W 6th St City Erie State PA Zip Code 16501 To Whom Paid Act Blue House # Street Address	05/23/2019 120.00 Description of Expenditure filing fee Date [MM/DD/YYYY] \$ 6.76
County of Erie House # 140 Street Address W 6th St City Erie State PA Code 16501 Act Blue	Description of Expenditure filing fee Date [MM/DD/YYYY] \$ 6.76 Description of Expenditure
County of Erie House # 140 Street Address W 6th St City Erie State PA Zip Code 16501 To Whom Paid Act Blue House # Street Address City State Zip Code 2501	Description of Expenditure filing fee Date [MM/DD/YYYY] \$ 6.76 Description of Expenditure fees for act blue Date [MM/DD/YYYY] \$ 9.71
County of Erie House # 140 Street Address W 6th St City Erie To Whom Paid Act Blue House # Street Address City State PA Zip Code 16501 To Whom Paid Act Blue Street Address City State Zip Code To Whom Paid	Description of Expenditure filing fee Date [MM/DD/YYYY] \$ 6.76 Description of Expenditure fees for act blue Date [MM/DD/YYYY] \$
County of Erie House # 140 Street Address W 6th St City Erie State PA Zip Code 16501 To Whom Paid Act Blue House # Street Address City State Zip Code To Whom Paid Act Blue House # Street Address City State Zip Code Code To Whom Paid Street Address Street Address City State Zip Code	Description of Expenditure filing fee Date [MM/DD/YYYY] \$ 6.76 Description of Expenditure fees for act blue Date [MM/DD/YYYY] \$ 9.71
County of Erie House # 140 Street Address W 6th St City Erie State PA Zip Code 16501 To Whom Paid Act Blue House # Street Address City State Zip Code To Whom Paid Act Blue House # Street Address State Zip Code Code To Whom Paid Act Blue Street Address State Zip Code Code	Description of Expenditure filing fee Date [MM/DD/YYYY] \$ 6.76 Description of Expenditure fees for act blue Date [MM/DD/YYYY] \$ 9.71 Description of Expenditure fees for act blue Date [MM/DD/YYYY] \$ 9.71
County of Erie House # 140 Street Address W 6th St City Erie State PA Zip Code 16501 To Whom Paid Act Blue House # Street Address City State Zip Code To Whom Paid Act Blue House # Street Address City State Zip Code Code To Whom Paid Street Address Street Address City State Zip Code	Description of Expenditure filing fee Date [MM/DD/YYYY] \$ 6.76 Description of Expenditure fees for act blue Date [MM/DD/YYYY] \$ 9.71 Description of Expenditure
County of Erie House # 140 Street Address W 6th St City Erie State PA Zip Code 16501 To Whom Paid Act Blue House # Street Address City State Zip Code To Whom Paid Act Blue House # Street Address State Zip Code Code To Whom Paid Act Blue Street Address State Zip Code Code	Description of Expenditure filing fee Date [MM/DD/YYYY] \$ 6.76 Description of Expenditure fees for act blue Date [MM/DD/YYYY] \$ 9.71 Description of Expenditure fees for act blue Date [MM/DD/YYYY] \$ 9.71
County of Erie House # 140 Street Address W 6th St City Erie State PA Zip Code 16501 To Whom Paid Act Blue House # Street Address City State Zip Code To Whom Paid Act Blue House # Street Address City State Zip Code To Whom Paid Act Blue House # Street Address City State Zip Code To Whom Paid Act Blue	Description of Expenditure filing fee Date [MM/DD/YYYY] \$ 6.76 Description of Expenditure fees for act blue Date [IMM/DD/YYYY] \$ 9.71 Description of Expenditure fees for act blue Date [IMM/DD/YYYY] \$ 9.71 Description of Expenditure

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 Creditor	22014		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 Backstation of Dobt		itate Zip Code	
Description of Debt			
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt \$
		[MM/DD/YYYY]	
City		itate Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	5
City	Section of the sectio	tate Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	(S)	tate Zip Code	
Description of Debt		·	
Name of Creditor	SACTOR DE REMITINA DE LA SECULIA DE LA SECUL		Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	*
City Description of Debt	S	tate Zip Code	
vescription of vest			•