

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer identification 83-3772685	Report Filed By (Mark X)	Candidate	Committee	Lobbyist		
Name of Filing Committee, Candidate of Lobbyist	COMMITTEE TO E	COMMITTEE TO ELECT TERRY M SCUTELLA				
Street Address	4055 WEST 30TH :	STREET				
City ERIE		State PA	Zip Code 16506			
Type of Report (Place x under report typ						
1-6 th Tuesday 2-2 nd Friday 3-30 Da Pre-Primary Pre-Primary Primary		5- 2 nd Friday 6-30 Day Pre- Election Election	Post 7- Annual Special 2 nd F			
Date Of Election	Year	Amendm				
(MM/DD/YYYY) 05/21/		2019 Report				
Summary of Receipts and From D. Expenditures	Piliping Signigue		For Office Use Onl	Valuation and the second		
05/0 A: Amount Brought Forward From Last	Report S	10/2019	n Andrea de despetator de la Company de La Company de la Company de			
B. Total Monetary Contributions and Re	4	120.02		5 3		
(From Schedule I) C. Total Funds Available		880				
(Sum of Lines A and B)		300.02				
D. Total Expenditures (From Schedule III)		300.02	·			
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0		The plan of the pl		
F. Value of In-Kind Contributions Receiv (From Schedule II)	ed \$	0		CALLED COLUMN		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		or Of		
CONTRACTOR		Affidavit Section				
Part 1- If this is a Committee report, treasure I swear (or affirm) that this report, including t				omplete.		
Sworn to and subscribed before me this	a	Marie	16 Kan			
12 day of June 20 1	1	Sign	nature of Person Submitting report			
Signature (— F	JAMES E BARŘ	Printed Name			
S 1 Comm	onwealth of Pennsylvan	ia - Notary Seal	384-0441			
My Commission expires O I 18/70 Ediz Leziorski, Notary Public MO. DAY YR. Erie County Area Code Daytime Telephone Number My commission expires February 18, 2022						
Part II- If this is a report of a Candidate's Auti	mmission expires Feb Commission neurobolid	ruary 18, 2022 at 8 Marsign here.		· ·······		
I swear (or affirm) that to the best of muleans amended.			ted any provisions of the Act of June 3,	1937 (P.L. 1333, NO.320) as		
Sworn to and subscribed before me this						
12th June 201	9 .	Teu	y M Scutello			
Sim Smess hi	,	TERRY M SCUTE	Signature of Candidate			
Signature			Printed Name			
My Commission expires 02/8/2	<u>077</u>	814 Area Code	. 838-4904 Daytime Telephone N	Imher		
INIO, DAT	Commonwealth of Pa	nnsylvania - Notary Seal	vayame releptione N	umbel .		
	Erin Jeziorsk	d, Notary Public				
		County ires February 18, 2022				

Commission number 1281755

Member, Pennsylvania Association of Notarles

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

## lie / dentification Number	,	·	
Filer Identification Number	83-3772685		

· · · · · · · · · · · · · · · · · · ·		
1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 180
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)		\$ 700
Total for the reporting period	(2)	\$ 700
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)	\$ o
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep Cover Page, Item B)	oort	\$ 880

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 Co Committee	ntributing			Date: (MM/JDB/////) in a	\$
			·		
House#	Street Address			Date [MM/DD/MYY)	\$
City		State	Zip Code	Date [MM/DD/XYYY]	\$
				· · · · · · · · · · · · · · · · · · ·	
Full Name of Co Committee	ntributing====		,	Date [MM/DD/YYYY]	\$
House#	Street Address		÷ • • • • • • • • • • • • • • • • • • •	Date [MM/DD/YYYY]	\$
		-	-	Section of the sectio	
City (a)		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing	. Parananinini	Parmermanisticia	Date [MM/DD/\\YYY]	\$
Committee				\$ 5.5 \$ 5.5 \$ 6.5 \$ 6.5	
House#	Street Address			Date (MM/DD/YYYY)	\$
City	W. A.v. (1700 截 2000 所 170 M 134 1 15)	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	atributing	**************************************	Look and all posting a strong of Like Lidden a Johnson	Date [WM/DD/YYYY]	
House#	Street Address			Data (MM/DD/MWW	
	Succession and the succession of the succession			Date (MM/DD/YYYY)	
City	I Kreen in Printing and Printin	State	Zip Code	Date [MM/DD/YYYY]	Š
rdered de la					
Full Name of Cor Committee	ntributing			Date (MM/DD/YYYY)	5
House #	Street Address			Date [MM/DD/YYYY]	
City	Post Account of the Country of the C	State	Zip Code	Date [MM/DD/YYYY]	
		- 02.184 A404 3- 10.131		1233	
Full Name of Cor Committee	itributing			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	i i
			·		
alved Report		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: 83-3772685	

Full Name of Contributor		Date [MM/DD/YYYY]	
A CONTROL OF THE PROPERTY OF T	BARBARA BARTHELMES	04/23/2019	100
House# Stre	eet Address	Date [MM/DD/YYYY]	
	LORD ROAD		
FAIRVIEW	State PA Zip Code 16415	Date [MM/DD/YYYY]	
Full Name of Contributor	The District Control of The District Control of Control	Date [MIN/DD/YYYY]	
	THOMAS & CORINNE BROWN	04/24/2019	100
House # 5th	eet Address MEADOWLAND CIRCLE	Date [MM/DD/YYYY]	
City	State Zip Code 7	Date [MM/DD/YYYY]	
ERIE	PA 16509		
Full Name of Contributor		Date (Vitvi/OD/YYYY)	
	CHARLES & LANE BAIRD	04/19/2019	100
House # Stre	eet Address	Date [MM/DD/YYYY]	
	SWANVILLE ROAD APT 4		
City ERIE	State PA 2/p Code 16506	Date [MM/DD/YYYY] \$	
Full Name of Contributor	TEXAMOREM PROPERTY.	Date [MM/DD/YYYY]	
	LAWRENCE CURTIS	05/15/2019	. 100
House # Stre	eet Address WOLF RUN ROAD	Date [MM/DD/YYYY] \$	
City ERIE	State PA Zip Code 16505	Date [MM/DD/YYYY]	**
Full Name of Contributor		Date [MM/DD/YYYY] \$	
	CHARLES & CYNTHIA MINNICK	Date [MM/DD/YYYY] \$	100
	eet Address	Date [MM/DB/YYYY] 5	
1041	GRACE STREET		
City ERIE	State PA Zip Code 16505	Date [MM/DD/WYY] S	
Full Name of Contributor		Date [MM/DD/YYYY] . \$	
	MARCIE MORGAN	05/16/2019	. 200 i
House # Stre	eet Address LARCH DRIVE	Date [MM/DD/YYYY] \$	
Gity FAIRVIEW	State Zip Code PA 16415	Date [MM/DD/YYYY] \$	
LUNALLAA	10413		

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: 83-37	772685			
Full Name of Contributing Committee			Date (MM/DD/YYYY) \$	
House # Street Ac	ldress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee			Date (MM/DD/YYAA) \$	
House# Street Ac			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date (MM/DD/YYYY). \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5	
House # Street Ac	ldress		Date (IMM/DD/YYYY) \$	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5	
House # Street Ad			Date [MM/DD/YYYY] 5	
City	State	-Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	

Zip Code

Zip Code

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY]

House #

Full Name of

Contributing Committee

City

House #

City

Street Address

Street Address

State

State

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: 83-3772685	
Full Name of Contributors	Date [MM/DD/YYYY] S
Full vame of Contributor	Date MM/DD/1111 5

Full Name of Contrib	Jtor			Date (MM/DD/YYYY)	\$
					14 (24) 14 (24)
House #	Street Address			Date [MM/DD/YYYY]	.5 21
City	E (prison and and an	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		ECCL ST SHOOM AND A SPECIAL	(DESCRIPTION OF THE PROPERTY O	Occupation	E0070043321
Employer Mailing Add Principal Place of Bus	iness				
Full Name of Contrib				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date (MM/DD/YYYY)	\$
Employer Name			BITTE ACTUAL CONTRACTOR	Occupation	
Employer Mailing Add Principal Place of Bus				- The state of the	
	NAME OF TAXABLE PARTY.				
Full Name of Contribu				Date [MM/DD/YYYY]	Apple
Hoùse#	Street Address			Date [MM/DD/WYYY]	\$
House #		State	· Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$
House # City Employer Name	Street Address	State	· Zip Code	Date [MM/DD/WYYY]	
House # City Employer Name Employer Mailing Add Principal Place of Bus	Street Address Bress / iness	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	
House # City Employer Name Employer Mailing Ado	Street Address Bress / iness	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	aside Lines
City Employer Name Employer Mailing Add Principal Place of Bus Full Name of Contributions House #	Street Address Bress / iness			Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$
City Employer Name Employer Mailing Add Principal Place of Bus Full Name of Contribut House #	Street Address dress / iness	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$
City Employer Name Employer Mailing Add Principal Place of Bus Full Name of Contributions House #	Street Address Bress / iness itor	State		Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$

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.

Full Name House # Street Address City State Zip Code Receipt Description Full Name House # Street Address City State Zip Code Receipt Description Full Name House # Street Address City State Zip Code Full Name House # Street Address City State Zip Code Full Name House # Street Address City State Zip Code Full Name House # Street Address City State Zip Code Receipt Description Full Name House # Street Address City State Zip Code Code Date [MM/DD/YYY] S Code Receipt Description Full Name House # Street Address City Code Pacellyt Description Street Address City Code Date [MM/DD/YYYY] S Code Receipt Description	Filer identification Number:	83-3772685				
House # Street Address City State Zip Oate [MM/DD/YYYY] S Receipt Description Full Name House # Street Address City State Zip Date [MM/DD/YYYY] \$ Code Date [MM/DD/YYYY]	House # Stre	30 30 00 00 00 00 00 00 00 00 00 00 00 0	State	Zip. Code	Date [MM/DD/YYYY]	5
Full Name City State Zip Date [MM/DD/YYY] \$ Receipt Description Full Name House it Street Address City State Zip Date [MM/DD/YYYY] \$ Code Date [MM/DD/YYYY] \$ City State Zip Code Receipt Description Full Name . House it Street Address City State Zip Code Receipt Description Full Name . House it Street Address City State Zip Code Receipt Description	Full Name House# Stree City		State	Zip. Code	Date [MM/DD/YYYY]	>
Full Name City State Zip Code Date [MM/DD/YYYY] S House # Street Address City Date [MM/DD/YYYY] S Code Peccipt Description Full Name : City State Zip Code Date [MM/DD/YYYY] S Code	Full Name House # Street City	et Address	State		Date [MM/DD/YYYY]	
Full Name Street Address State Zip Date NtM/DD/YYYY State Code Receipt Description	Full Name House # Stre City	er Address	State		Date [MM/DD/YYYY]	
	Full Name Str			Zip Code		
House # Street Address City State Zip Date (MM/DD/YYYY) \$ Code Receipt Description	Full Name House # Str	eet Address	State		Date [MIVI/DD/YYYY]	***

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:	585			
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-	VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
			1 181 181	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50	0.01 TO \$250.00 (FROM PAR	TE) man shiring the state of	
TOTAL for the reporting period	(2)	\$	·	
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$:	250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for page 1, Report Cover Page, Item F)		-		
on ruge 1, neport cover ruge, item)				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 83-3772685		
		· · · · · · · · · · · · · · · · · · ·

Full Name of Contribu	fo r			Date [MM/DD/YYYY] \$	THE REPORT OF THE PROPERTY OF
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
Description of Contrib	jution		VVVV-statutes teleform as a con-		
Full Name of Contribu	tor			Date [MM/DD/YYYY] \$	
House#	Street Address			Dats [MM/DD/YYYY] \$	
City	Towns of Care	State	Zip Code	Date (MM/DD/YYYY) \$	
Description of Contrib					
Full Name of Contribu				Date [MM/DD/1YYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Description of Contrib				<u> </u>	
Full Name of Contribu	1 (1) 2 (1) (1)			Date [MM/DD/YYYY) S	
House #	Street Address	<u> </u>	·	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 5	
Description of Contrib					
Full Name of Contribu				Date (MM/DD/YYYY) \$	
	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Cade	Date [MM/DD/YYYY] \$	
Description of Contrib	ution		·		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

■ Filer Identification Number:			
Filer identification (vumber:			
Filer identification Number: 8	3-3772685		
18	3-3//2003		

Full Name of Contributor:		Date [MM/DD/(YYYY) \$
House # Street Address		Date [MM/DD/YYYY] \$
Gity	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/AYXY] - 1
House # Street Address	·	Date [MM/DD/YYYY] 5
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 (MIM/DD/YYYY) S
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) : 1 \$
House # Street Address		Date [MM/DD/YYYY] \$
City.	State Zip Code	Date [MM/DD/YYYY] 5
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

SCHEDULE III **Statement of Expenditures**

Filer Identification Number:	83-3772685

acaWinoanzaidelle			Date MM/Db/YYY	- "
SUE"S NOTARY SERVICE			05/03/2019	
House # 1353 Street Address WES	ST 38TH STREET		Description of Expenditure	
City ERIE	State* PA	Code 16508	OFFICE EXPENSE- NOTARIZE CAMPAIGN REPORT	
To Whom Pald LOU BIZZARRO'S RINGS	IDE RESTAURANT		Date [MM/DD/XYYY] \$ 05/15/2019 \$393.24	
House # 3202 Street Address STE	RRETTANIA ROAD	i de 1 d ^a	Description of Expenditure	
City	State PA	Zip 16506	CAMPAIGN EXPENSE- PRE ELECTION PARTY	
To Whom Pald		Code 16506	Date (MM) Dated	
ERIE TIMES NEWS			05/17/2019	
House # 205 Street Address WES	ST 12TH STREET		Description of Expenditure	
City ERIE	State PA	Zip Code 16534	NEWSPAPER ADVERTISEMENT	
Fo Whom Paid CHRISTINE SCUTELLA	TO THE PARTY OF TH	All forms all and all the actions of	Date [MM/DD/YYYY] \$ 214.78	
House # 4055 Street Address WE	ST 30TH STREET		Description of Expenditure	
City ERIE	State PA	Zip Code 16506	REIMBURSEMENT- FOOD/DRINKS CAMPAIGN VOLU	UNTEERS
To Whom Pald			Date [MM/DD/YYYY] \$	
House# Street Address	****		Description of Expenditure	
City	State	Zip Code		
To Whom Paid			Date [MM/DD/XYYY] \$	
House # Street Address			Description of Expenditure	
City	State	Zip Code		
To Whom Paid			Date [MIXI/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City	State	Zip Code		_
To Whom Pald			Date (MM/DD/YYYY) \$	
House # Street Address			Description of Expenditure	
aty	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 Numbers	83-3772685		
Name of Creditor House # Stre	eet Address	DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	Outstanding Balance of Debt \$
Description of Debt Name of Creditor House # Str	ect. Address	DATE DEBT INCURRED [MM/DD/VYYY]	Outstanding Balance of Debt
City Description of Debt Name of Creditor House # Str	cet Address	State Zip Code Code DATE DEBT INCURRED	Outstanding Balance of Debt.
City. Description of Debt Name of Creditor		State Zip Code	Outstanding Balance of Debt
House # St	reet Address	DATE DEBT INCURRED [MW/DD/YYYY] State Zip Code	
City	reet Address	DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	Outstanding Balance of Debt
nderford Tarre	teet Address	DATE DEBT INCURRED [IMM/DD/YYYY] State Zip	Outstanding Balance of Debt
City Description of Debt		Code	