



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 | 2019C0156 2019C0159 | 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 | Sinnoth, Joseph Com to Elect | | | | | | | |
| Street Address | 650 West 40th St | | | | | | | |
| City | ERIE | State | PA | Zip Code | 16509 | | | |

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) | 5/21/19 | Year | 2019 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|-----------|----------|---------------------|
| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
| | 5/7/19 | 6/10/19 | |
| A. Amount Brought Forward From Last Report | \$ | 48931.12 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 1.69 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 48932.81 | |
| D. Total Expenditures (From Schedule III) | \$ | 46205.76 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 2727.05 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 3000.00 | |

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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

13 day of June 2019

Signature of Person Submitting report: Joseph Sinnoth

Printed Name: Joseph Sinnoth

Daytime Telephone Number: 4033632

My Commission expires 11 - 20 MO. DAY YR.

My Commission Expires Nov 20, 2020

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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 day of June 2019

Signature of Candidate: Joseph Sinnoth

Printed Name: Joseph Sinnoth

Daytime Telephone Number: 874-3460 ext. 107

Area Code: 814

My Commission expires 11 - 20 MO. DAY YR.

My Commission Expires February 25, 2022

Commission No. 1186974

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number

Sinnott Joseph Com to Elect

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)

\$

0

Total for the reporting period (2)

\$

0

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)

\$

0

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period (4)

\$

1.69

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)

\$

1.69

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: | Sinnott Joseph Com to Elect |
|------------------------------|-----------------------------|

| | | | | | | | | | |
|---------------------|---|----------------|------------------------|----------|-------|-------------------|--------|----|------|
| Full Name | First National Bank | | | | | | | | |
| House # | | Street Address | One North Shore Center | | | | | | |
| City | Pittsburgh | State | PA | Zip Code | 15212 | Date [MM/DD/YYYY] | 6/7/19 | \$ | 1.69 |
| Receipt Description | Bank Interest (May - \$1.58, June \$1.11) | | | | | | | | |
| 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: Sinnott Joseph Com to Elect

| | | | | | | | |
|--------------|----------------------------|----------------|--------------------|----------|----------------------------|-------------------------|----------|
| To Whom Paid | Moree Advertising | | | | Date (MM/DD/YYYY) | \$ | 30000.00 |
| House # | 5159 | Street Address | Merilee Dr | | Description of Expenditure | | |
| City | ERIE | State | PA | Zip Code | 16506 | TV Advertising | |
| To Whom Paid | Connoisseur Media | | | | Date (MM/DD/YYYY) | \$ | 1200.00 |
| House # | 1 | Street Address | Boston Store Place | | Description of Expenditure | | |
| City | ERIE | State | PA | Zip Code | 16501 | Digital Advertising | |
| To Whom Paid | TriCounty Letter | | | | Date (MM/DD/YYYY) | \$ | 285.04 |
| House # | 2904 | Street Address | Shannon Rd | | Description of Expenditure | | |
| City | ERIE | State | PA | Zip Code | 16510 | Fundraiser Mailing | |
| To Whom Paid | Sisters of St Joes of NWPA | | | | Date (MM/DD/YYYY) | \$ | 100.00 |
| House # | 425 | Street Address | West 18th St | | Description of Expenditure | | |
| City | ERIE | State | PA | Zip Code | 16502 | Event Tickets | |
| To Whom Paid | James De Palma | | | | Date (MM/DD/YYYY) | \$ | 72.46 |
| House # | 537 | Street Address | Shenkey Dr | | Description of Expenditure | | |
| City | ERIE | State | PA | Zip Code | 16505 | Supplies | |
| To Whom Paid | ERIE Elks Lodge | | | | Date (MM/DD/YYYY) | \$ | 353.60 |
| House # | 2409 | Street Address | Peninsula Pr | | Description of Expenditure | | |
| City | ERIE | State | PA | Zip Code | 16506 | Fundraiser Refreshments | |
| To Whom Paid | Moree Advertising | | | | Date (MM/DD/YYYY) | \$ | 3241.00 |
| House # | 5159 | Street Address | Merilee Dr | | Description of Expenditure | | |
| City | ERIE | State | PA | Zip Code | 16506 | TV Advertising | |
| To Whom Paid | Printing Concepts | | | | Date (MM/DD/YYYY) | \$ | 8114.68 |
| House # | 4982 | Street Address | Pacific Ave | | Description of Expenditure | | |
| City | ERIE | State | PA | Zip Code | 16506 | Printing & Postage | |

SCHEDULE III

Statement of Expenditures

| | |
|------------------------------|-----------------------------|
| Filer Identification Number: | Sinnott Joseph Com to Elect |
|------------------------------|-----------------------------|

| | | | | | |
|------------------|---------------------|-------------------|--------------------|----------------------------|---------|
| To Whom Paid | Room 33 | Date [MM/DD/YYYY] | 5/20/19 | \$ | 775.84 |
| House # | 1033 | Street Address | State St | Description of Expenditure | |
| City | ERIE | State | PA | Zip Code | 16501 |
| Fundraiser Food | | | | | |
| To Whom Paid | Moree Advertising | Date [MM/DD/YYYY] | 5/31/19 | \$ | 2000.00 |
| House # | 5159 | Street Address | Merilee Dr | Description of Expenditure | |
| City | ERIE | State | PA | Zip Code | 16506 |
| TV Production | | | | | |
| To Whom Paid | First National Bank | Date [MM/DD/YYYY] | 6/7/19 | \$ | 25.00 |
| House # | One | Street Address | North Shore Center | Description of Expenditure | |
| City | Pittsburgh | State | PA | Zip Code | 15212 |
| Bank Serv Charge | | | | | |
| To Whom Paid | James DePalma | Date [MM/DD/YYYY] | 5/31/19 | \$ | 38.14 |
| House # | 537 | Street Address | Shenley Dr | Description of Expenditure | |
| City | ERIE, | State | PA | Zip Code | 16505 |
| Website Fee | | | | | |
| 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: | Sinnott Joseph E Com to Elect |
|------------------------------|-------------------------------|

| | | | | | | |
|---------------------------------------|------|-------------------------------|------------------------------------|----------|-----------------------------|---------|
| Name of Creditor: Joseph E Sinnott | | | | | Outstanding Balance of Debt | |
| House # | 650 | Street Address: West 410th St | DATE DEBT INCURRED [MM/DD/YYYY] | 5/4/19 | \$ | 3000.00 |
| City | ERIE | State | PA | Zip Code | 16509 | |
| Description of Debt: Loan to 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: | | | | | | |