

## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

|  | (IAO£6: 11                   | ils report must be   | e clear and  | i iskibis. It zuo   | uia de typea)                          |  |                        |
|--|------------------------------|--|--|---------------------|--|--|------------------------|
| Files dentifications   | Tepfer for Erie County Co.   | Report Filed By a<br>(Mark X)  | Candida  | te .                | Committee                              |  | Lobbyist               |
| Name of Filing Commit  | tee, Candidate or            | Freda Tepfer for Erle  | County Cour  | ncil                |  | OMIGNATURE AND | [699] 15年9年9月年8月1日     |
| Street Address   |                              | 1738 W23rd St.   |  |                     |  |  |                        |
| City E   | rie                          |  | State  | PA                  | Zip Cade 1                             | 6502   |                        |
| Type of Report (Place x  | under report type)           |  | DANCH PRODUCTION   | ·                   | E-SECTION NO. OF PERSONS ASSESSED.     |  | ****                   |
| 1-6" Tuesday 2-2"  | Friday 34 30 Day Post        | THE LAND STREET, WITH A STREET, STREET | 2 <sup>nd</sup> Friday   | 6-10 Day Pasi       | THE RESERVE OF THE PARTY OF THE PARTY. | pecial 2 <sup>m</sup> Friday                       | Special 30 Day         |
| Pre-Primary Pre-Pr   | imary Primary                | Pre-Election Pr  | e- Election  | Election            |  | Pre-Election                                       | Post-Election          |
|  |                              |  |  |                     |  |  |                        |
| Date Of Election<br>(MM/DD/YYYY)                                   | 15/21/201                    | Pear o   | 2019   | Amendment<br>Report |  | ermination<br>(eport                               |                        |
| Summary of Receipts a<br>Expenditures                              | nd From Date                 | To Date  |  |                     | For Of                                 | fice Use Only                                      |                        |
| A. Amount Brought For  |                              | \$   |  |                     |  |  |                        |
| B. Total Monetary Com  |                              |  |  |                     |  |  |                        |
| (From Schedule I)  |                              |  |  |                     |  | Ć,   |                        |
| C. Total Funds Available<br>(Sum of Lines A and B)                 |                              | \$ 791.  | 49   |                     |  |  | Name orane orane orane |
| D. Total Expenditures<br>(From Schedule III)                       |                              | 5 772  | 180  |                     |  | 20 PT<br>FO  |                        |
| E. Ending Cash Balance<br>(Subtract Line D from L                  |                              | \$ 15  | 269  |                     |  | <u> </u>   | T community            |
| F. Value of In-Kind Con  |                              | \$   |  |                     |  |  |                        |
| (From Schedule II) G. Unpaid Debts and O                           | bligations                   | \$   |  | ,                   |  |  |                        |
| (From Schedule IV)   |                              |  | -Affidavit Sec   | tion                |  | <u></u>  |                        |
| Part 1- If this is a Committee                                     | ee report, treasurer sign he | ere. If this is Candida  |  |                     |  |  |                        |
| I swear (or affirm) that this                                      | report, including the attac  | hed schedules on par   | er, i go the l   |                     | dge and belief true                    | , correct and comple                               | ete.                   |
| Sworn to and subscribed b  | efore me this                | Notar<br>Sublic  | 0 12 N   | Ander:              | MAN I                                  | Male a   | )                      |
| day of   | 20 19                        | Iny P.   | 1288912<br>lation of No  | Signature           | of Person oubmitte                     | ing report   | _                      |
| Signatur   | <u>wynouvalos</u>            | n of Pennŝylvania - Notary<br>mandez, Notpry Public<br>Eria County   | Association of   | rraeri              | Printed Name                           | önahan_  | <del></del>            |
| My Commission expires  | 1-3-23                       | enns<br>idez,<br>s Cor   | ssion number<br>sylvania Assock  | 48                  | 44                                     | 22/19  |                        |
|  | MO. DAY YR.                  | n of Per<br>mand<br>Erie   | ssion nu<br>sylvania   | rea Code            | Daytin                                 | ne Telephoné Numb                                  | er                     |
| Part II- If this is a report of                                    | a Candidate's Authorized (   | Committeeactandidate   | ska sten he  | ere.                | u provinces of the                     | Act of lune 2 1027                                 | (D.I. 1222 NO 220)     |
| I swear (or affirm) that to t amended.  Sworn to and subscribed by | ue nezr or må kromisade s    |  | S S S S S S S S S S S S S S S S S S S  | ras not violated an | y provisions of the                    | ACC OF JUNE 3, 1937                                | (r.c. 1333, NO.320) as |
| Sworn to and subscribed be   | efore me this                | Com  | Mem  | (A)                 | 4 12                                   |  |                        |
| day of J   | me 20 19                     | - 1  | کھ   | /// U/V             |  |  |                        |
| Signature Signature  | ernandes                     | <b>)</b>   | Note: 12 23  | Fred                | Printed Name                           |  | _                      |
| My Commission expires  | 4-3-23                       | Page (   | 289 r  | 814                 | 5.                                     | 208201   |                        |
|  | IO. DAY YR.                  | monwealth of Pennsylvania - N <del>otary</del><br>Tonia Fernandez, Notary Public<br>Erie County  | nres April 3, 2023 hber 1288912 ssociation of Notak  | rea Code            | Daytime                                | Telephone Numbe                                    | ř                      |
|  |                              | of Pennsylva<br>nandez, Nol<br>Erie County   |  |                     |  |  |                        |
|  |                              | monwealth of Penr<br>Tonia Fernandez<br>Erie Co  | Commission nu co |                     |  |  |                        |
|  |                              | salth<br>Ferr  | miss   |                     |  |  |                        |
|  |                              | Ionia  |  |                     |  |  |                        |
|  |                              | E   ≥  | <u> </u>   |                     |  |  |                        |

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number

Cover Page, Item B)

| Freda repier to the county countri                                      |                |    |     |
|---|----------------|----|-----|
| 1.Unitemized Contributions and Receipts-\$50:00 or Less per Contributor |                |    |     |
| Total for the reporting period  | (1)            | \$ | N/A |
| 2. Contributions of \$50.01 to: \$250.00 (From<br>Part A and Part B)    |                | _  |     |
| Contributions Received from Political Committees (Part A)               | 2.0            | \$ |     |
| All Other Contributions (Part B)  |                | \$ |     |
| Total for the reporting period  | (2)            | \$ |     |
| 3. Contributions Over \$250.00 (From Part Cand Part D)                  |                |    |     |
| Contributions Received from Political Committees (Part C)               | an istiliksiin | \$ |     |
| All Other Contributions (Part D)  |                | \$ |     |
| Total for the reporting period  | (3)            | \$ |     |

0.00

0.00

Total for the reporting period

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

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

#### 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 Identificatio          | n Number<br>Freda Tepfe  | r for Erie Count | y Council                             |   | · · · · · · · · · · · · · · · · · · ·   |
|------------------------------|--|------------------|---------------------------------------|---|---|
|                              | THE SECOND SECON |                  |                                       |   | Amount                                  |
| Full Name of Co              |  |                  |                                       | Date [MM/DD/YYYY] 5   |   |
| Committee                    | Not Applica  | ble              |                                       |   |   |
| House #                      | Street Address   |                  |                                       | Date [MM/DD/YYYY] S   |   |
|                              |  |                  |                                       |   |   |
| City                         |  | State            | Zip Code                              | Date [MM/DD/YYYY] S   | ,                                       |
| Full Name of Co              | scrollane in c   |                  |                                       | Date [MM/DD/YYYY] \$  |   |
| Committee                    |  |                  |                                       | Pare (wini) po/11/11 2  |   |
| House #                      | Street Address   |                  |                                       | Date [MM/DD/YYYY] \$  |   |
|                              |  |                  |                                       |   |   |
| City                         |  | State            | Zip Code                              | Date [MM/DD/YYYY] \$  |   |
|                              |  |                  |                                       | Control and the second |   |
| Full Name of Co<br>Committee | ntributing   |                  |                                       | Date [MM/DD/YYYY] \$  | . <u></u>                               |
|                              |  |                  |                                       |   |   |
| House #                      | Street Address   |                  | V 1117                                | Date [MM/DD/YYYY] 5   | , |
| av.                          | and the second   |                  | Visitable Park State Say manufactures |   |   |
| City                         |  | State            | ZIp Code                              | Date [MM/DD/YYYY] \$  |   |
| Full Name of Co<br>Committee | ntributing   |                  |                                       | Date [MM/DD/YYYY] \$  |   |
| House #                      | Street Address   | <del>.</del>     | · · · · · · · · · · · · · · · · · · · | Date [MM/DD/YYYY] \$  |   |
|                              |  |                  |                                       |   |   |
| City                         | Total Control of the  | State            | Zip Code                              | Date [MM/DD/YYYY] \$  |   |
| res and a                    |  |                  | och William Mill                      |   |   |
| Full Name of Co<br>Committee | ntributing   |                  |                                       | Date [MM/DD/YYYY] S   |   |
| House #                      | Street Address   |                  |                                       | Date [MM/DD/YYYY] \$  |   |
|                              |  |                  |                                       |   |   |
| City                         | THE PROPERTY OF THE PROPERTY O | State            | Zip Code                              | Date [MM/DD/YYYY] \$  |   |
|                              | actic distal little secretaria si caracteria   |                  |                                       |   |   |
| Full Name of Co<br>Committee | ntributing   |                  |                                       | Date [MM/DD/YYYY] S   |   |
| House #                      | Street Address   |                  |                                       | Date [MM/DD/YYYY] \$  |   |
|                              |  |                  |                                       |   |   |
| City                         |  | State            | Zip Gode                              | Date [MM/DD/YYYY] S   |   |
|                              |  |                  |                                       |   |   |

### 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 Numbe | Freda Tepfer for E | Erie County Council                     |          |                      |            |
|----------------------------|--------------------|---|----------|----------------------|------------|
|                            |                    |   |          |                      |            |
| Full Name of Contribute    | Not Applicable     |   |          | Date (MM/JDD/AYAY)   | \$         |
| House #                    | Street Address     | <u></u>                                 |          | Date [MM/DD/YYYY]    | <b>5</b>   |
| City :                     |                    | State .                                 | Zip Code | Date [MM/DD/YYYY]    | <b>18</b>  |
| Full Name of Contributo    | Ör.                |   |          | Date(MIY/DD/MYY)     | <b>\$</b>  |
| House#                     | Street Address     |   |          | Space (MIM/ob/XXXXI) | <b>5</b> . |
| City                       |                    | State                                   | Zip Code | Date [MM/DD/YYY]     | <b>55</b>  |
| Full Name of Contributo    | or                 |   |          | Date [MM/DD/YYYY]    | <b>S</b>   |
| House #                    | Street Address     |   |          | Date [MM/DD/YVVY]    | <b>\$</b>  |
| City                       |                    | State                                   | Zi Code  | «Date [MM/DD/YYYY]⊗  | •          |
| Full Name of Contributo    |                    |   |          |                      |            |
|                            |                    |   |          |                      | \$         |
|                            | Street Address     |   |          | Date [MM/DD/YYYY]    | <b>\$</b>  |
| GBy                        |                    | State                                   | Zip Code | eare [MM/DD/YYYY]    | \$         |
| Full Name of Contributo    |                    |   |          | Date [MM/DD/YYYY]    | \$         |
| House#                     | Street Address     | *************************************** |          | Date [MM/DD/YYYY]    | \$         |
| Ghy                        |                    | State                                   | Zip Code | Date [MM/DD/YYYY]    | \$         |
| Full Name of Contributo    |                    |   | , , , ,  | Date [MM/DD/YYYY]    |            |
| House # S                  | 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 Numberi           | Freda Tepfer for Erie County Counci  | l  |                    |           |
|--|--|--|--------------------|-----------|
|  |  |  |                    | •         |
| Full Name of<br>Contributing Committee | Not Applicable   |  | Date (MM/DD/XXXX)  | <b>\$</b> |
| House # Stre                           | et Address   | 100 - AVALUE   | Date [MM/DD/YYYY]  | \$        |
| City                                   | State  | Zip Code   | Date [MM/DD/XXXV]  | <b>\$</b> |
| Full Name of<br>Contributing Committee |  | A Secretary of the American  | Date (MM/DD/\\\\)  | \$        |
| House # Stre                           | et Address   |  | Date [MM/DD/YYYY]  |           |
| City                                   | State  | Zip Code   | Date [MM/DD/YYY]   | \$        |
| Full Name of<br>Contributing Committee |  |  | Bate [MM/DD/XYYY]® | <b>\$</b> |
| House # Stre                           | et Address   |  | Date (MM/DD/YYYY)  | 5         |
| Gity                                   | State  | Zip Code   | Date [MM/DD/YYYY]  |           |
| Full Name of<br>Contributing Committee |  |  | Date (MM/DD/YYYY)  |           |
|  | et Address   | No. College of Artistance and Artist | Date [MM/DD/YYYY]  |           |
| City Full Name of                      | State  | Zip Code   | Date [MM/DD/XXXX]  | \$        |
| Contributing Committee                 |  |  | Date [MM/DD/YYYY]  | \$        |
|  | st Address   | Primary contains the second se | Date [MM/DD/YYYY]  |           |
| Gity Full Name of                      | State  | Zip Code   | Date [MM/DD/YYYY]  |           |
| Contributing Committee                 | Victoria de la companya de la compan |  | Date [MM/DD/YYYY]  |           |
|  | t Address  | 20 Con 200 Con   | Date [MM/DD/YYYY]  |           |
| City                                   | State  | Zíp Códe   | 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)

| Frier Identification Number:  | eda Tepfer for Erie County Cou | ncil     |                       |  |
|---|--------------------------------|----------|-----------------------|--|
| Full Name of Contributor  | ot Applicable                  | · · ·    | Date [MM/DD/YYYY]     |  |
| House # Street  | Address                        |          | Date [MM/DD/YYYY] 5   |  |
| Chy   | State                          | Zip Code | Date [MM/DD/YYYY] 5   |  |
| Employer Name  Employer Mailing Address / Principal Place of Business |                                |          | Occupation            |  |
| Full Name of Contributor  | 8                              |          | Date [MM/DD/YYYY]     |  |
| House # Street.   | Address                        |          | Date [MM/DD/YYYY] \$  |  |
| City  | State                          | Zip Code | Date [MM/DD/YYYY] \$  |  |
| Employer Name  Employer Mailing Address / Principal Place of Business |                                | ·        | Occupation:           |  |
| Full Name of Contributor  |                                |          | Date [MM/DD/YYYY] [\$ |  |
|   | Address                        |          | Date [MM/DD/YYYY] \$  |  |
| City Employer Name  | State                          | Zip Code | Date [MM/DD/YYYY] \$  |  |
| Employer Mailing Address /<br>Principal Place of Business             |                                |          | -                     |  |
| Full Name of Contributor  | the approximated to            |          | Date [MM/DD/YYYY] \$  |  |
| House # Street  | Address                        |          | Date [MM/DB/YYYY] \$  |  |
| City .  | State                          | Zip Code | Date [MM/DD/YYYY] \$  |  |
| Employer Name   |                                |          | Occupation            |  |
| Employer Mailing Address /<br>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 (dërdification Num |                  |   | unieu checks and phor |  |
|--------------------------|------------------|---|-----------------------|--|
|                          |                  |   |                       |  |
| Full Name                | Not Applicable   |   |                       |  |
| House #                  | Street Address   |   |                       |  |
| City                     |                  | State   | Zi i                  | Date [MM/DD/YYYY] \$                         |
|                          |                  |   | Code                  |  |
| Receipt Description      |                  |   |                       |  |
| Full Name                |                  |   |                       |  |
| House #                  | Street Address   |   |                       |  |
| City                     |                  | State   | Zip<br>Code           | Date (MM/DD/YYYY) S                          |
| Receipt Description      |                  |   |                       |  |
| Full Name                |                  |   |                       |  |
| House #                  | Street Address   |   |                       | <u>.                                    </u> |
| City                     |                  | State   | Zp                    | Date [MM/DD/YYYY] \$                         |
|                          |                  |   | Code                  |  |
| Receipt Description      | % 06.00<br>35.00 |   |                       |  |
| Full Name                |                  |   |                       |  |
| House #                  | Street Address   |   |                       |  |
| City                     |                  | State   | Zip<br>Code           | .Date:[MM/DD/YYYY] \$                        |
| Receipt: Description     |                  |   |                       | [SS243]                                      |
| Full Name                |                  | <del> </del>  | -,-                   |  |
| House #                  | Street Address   | ·   |                       |  |
| City                     |                  | State   | Zip<br>Code           | Date [MM/DD/YYYY] \$                         |
| Receipt Description      |                  |   |                       | J  |
| Full Name                |                  |   |                       |  |
|                          | Street Address   |   |                       |  |
| City                     |                  | State   | Zip<br>Code           | Date (MM/DD/YYYY) \$                         |
| Receipt Description      |                  | \$(*)\$\text{\$\tinit{\$\text{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}} | 以下生态等等60岁至1921<br>    | Sierie                                       |

#### 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   | epfer for Erie County Council   |          |                          |
|---|---------------------------------|----------|--------------------------|
| ZIA ZUNITENIZEDINAKIND CONTE  | RIBUTIONSTREGEIVEDAVALUETOFAS   | 50.00 C  | DRILESS PER CONTRIBUTION |
| TOTAL for the reporting period  | (1)                             | İŝ       | 0.00                     |
| 2. IN-KIND CONTRIBUTIONS RE   | CEIVED-VALUE OF \$50.01 TO \$25 | 0.00 (F) | ROM PART E               |
| TOTAL for the reporting period  | (2)                             | \$       | 0.00                     |
| 3. JN-KIND CONTRIBUTION REC   | EIVED VALUE OVER \$250.00 (FRC  | M PAR    | T/G)                     |
| TOTAL for the reporting period  | (3)                             | \$       | 0.00                     |
| TOTAL VALUE OF IN-KIND CONTRIBUTI<br>PERIOD (Add and enter amount totals<br>on Page 1, Report Cover Page, Item F) | · ·                             | \$       | 0.00                     |

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

| Filer Identification Number   |  |
|---|--|
| Filer identification Number:  |  |
|   |  |
| Filer-Identification Number:<br>Freda Tepfer for Erie County Counci |  |
| Freda Tepfer for Erie County Counci                                 |  |
| Freda Tepfer for Erie County Counci                                 |  |
|   |  |
|   |  |

| Full Name of Contribu  | utor<br>Not Applicable                     | Date [MM/DD/YYYY] \$        |
|--|--|-----------------------------|
|  |  |                             |
| House #  | Street Address                             | Date [MM/DD/YYYY] 5         |
| 20 10 10 10 10 10 10 10 10 10 10 10 10 10  | Execution A Comparison (Control of Control |                             |
| City   | State Zip Code                             | Date [MM/DD/YYYY] \$        |
| Description of Contrib   | oution .                                   | [SEE]                       |
| Full Name of Contribu  |  | *Pate (MIM/DD/AYYYY)   5-12 |
| run range o, co  |  | Pare fund/pol/141.11        |
| House #  | Street Address                             | Date [MM/DD/YYYY] \$        |
|  |  |                             |
| City   | State Zip Code                             | Date [MM/DD/YYYY] 25        |
|  |  |                             |
| Description of Contrib   |  |                             |
| Full Name of Contribu  | itor                                       | Date (MM/DD/YYYY) \$        |
|  |  |                             |
| House #  | Street Address                             | Date [MM/DD/YYYY] \$        |
|  |  |                             |
| City   | State Zip Code                             | Date [MM/0D/YYYY] \$        |
|  |  |                             |
| Description of Contrib   |  |                             |
| Full Name of Contribu  | itor                                       | Date [MM/DD/YYYY] \$        |
|  |  |                             |
| House #  | Street Address                             | Date [MM/DD/YYYY] \$        |
|  |  |                             |
| City   | State Zip Code                             | Date [MM/DD/YYYY] 5         |
|  |  |                             |
| Description of Contrib   |  |                             |
| Full Name of Contribu  | itor:                                      | Date [MM/DD/YYYY] \$        |
|  |  |                             |
| House#   | Street Address                             | Date [MM/DD/YYYY] \$        |
|  |  |                             |
| City   | State 7 Zip Code                           | Date [MM/DD/YYYY] \$        |
| Description of Contrib   | ution                                      |                             |
| The state of the s |  |                             |

## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

| Filer Identification Number:<br>Freda Tepfer for Erie County Council |  | <br>, , | ** ; |  |
|--|--|---------|------|--|

| Full Name of Contributor | Not Applicable   |             |   | Date (MM/DD/AVAV)    |   |
|--------------------------|--|-------------|---|----------------------|---|
| and the second           |  |             |   |                      |   |
| House # St               | treet Address  |             |   | Date [MM/DD/YYYY] S  |   |
| Gty                      |  | State       | Zip Code                                | Date [MM/DD/YYYY]    |   |
| Employer Name            |  |             |   | Occupation           |   |
| Employer Mailing Addres  | see / Principal  | <del></del> | <del></del>                             | Description          |   |
| Place of Business        |  |             |   | of<br>Contribution   |   |
| Full Name of Contributor |  |             |   | Date [MM/DD/YYYY]    |   |
|                          | 1  |             | <i>*</i>                                |                      |   |
| House # St               | reet Address   | :           |   | Date [MM/DD/YYYY]    |   |
| City.                    |  | State       | Zip Code                                | Date (MM/DD/YYYY)    |   |
|                          |  |             |   |                      |   |
| Employer Name            | to the second  |             | 100 100 100 100 100 100 100 100 100 100 | Occupation           | A80.  |
| Employer Malling Addres  | ss / Principal   |             |   | Description          |   |
| Place of Business        |  |             |   | of<br>Contribution   | ]   |
| Full Name of Contributor | in.  |             |   | Date [MM/DD/YYYY] \$ | 100<br>100<br>100                                     |
|                          |  |             | - ,                                     |                      |   |
| House # Str              | reet Address   |             |   | Date (MM/DD/YYYY) 5  |   |
|                          |  |             |   |                      |   |
| Gity.                    | 7.   | State       | Zip Code                                | Date [MM/DD/YYYY]    |   |
|                          |  |             |   |                      |   |
| Employer-Name            |  |             |   | Occupation           |   |
| Employer Mailing Addres  | ss / Principal   |             |   | Description          |   |
| Place of Business        |  |             |   | of<br>Contribution   |   |
| Full Name of Contributor | A STATE OF THE PARTY OF THE PAR |             | <del>.</del>                            | Date [MM/DD/YYYY]    |   |
|                          |  |             |   |                      | 1   |
| House # Str              | reet Address   |             |   | Date MM/DD/YYYY 5    |   |
|                          |  |             |   |                      |   |
| Gty.                     | 3  | State       | Zip Code                                | Date [MM/DD/YYYY] \$ | (20)<br>(1)<br>(2)<br>(3)<br>(4)<br>(4)<br>(4)<br>(4) |
|                          |  |             |   |                      |   |
| Employer Name            |  |             |   | Occupation           | -   |
| Employer Mailing Addres  | ss / Principal   |             |   | Description          |   |
| Place of Business        |  |             |   | of<br>Contribution   |   |

# SCHEDULE III Statement of Expenditures

| Filer Identification Number: | Freda Tepfer for Erie County Council |  |  |
|------------------------------|--------------------------------------|--|--|

| To Whom Paid   |  |                                     |  |                          |
|--|--|-------------------------------------|--|--------------------------|
| Vantic, LLC  |  |                                     | Date [MM/DD/YYYY] \$   | 6.89                     |
|  |  |                                     | 05/09/2019   |                          |
| House # Street Addres  | 8500 Govenors Hill Driv  | e                                   | Description of Expenditure   |                          |
| City Symmes Township   | State OH   | Zip<br>Code 45623                   | Service Charge, Blue Merchant Ac   | count, ActBlue           |
| To Whom Paid UPS Store #5271   |  |                                     | Date (MM/DD/YYY)   |                          |
| UP3 3(0/8 #32/1  | ·  |                                     | 05/14/2019   | 16.55                    |
| House # Street Addres  | 707 W38th St.  |                                     | Description of Expenditure   |                          |
| <b>City</b> Erie   | State<br>PA  | Zip<br>Code 16508                   | Print name tags  |                          |
| To Whom Paid Facebook  | •  | <del>- :</del>                      | Date (MM/DD/XXXX) \$   | 25.00                    |
|  | Sel  |                                     | 05/14/2019   |                          |
| House # Street Addres  | 1 Hacker Way   | Thy allow Construction Construction | Description of Expenditure   |                          |
| City<br>Menio Park   | <b>State</b> CA  | <b>Zip</b><br>Code 94025            | Advertising  |                          |
| To Whom Paid Office Max (Millo   | reak Mall)   |                                     | Date [MM/DD/YYYY] \$   | 22.04                    |
|  |  |                                     | 05/14/2019   | 23.04                    |
| House # Street Addres  | 905 Millcreek Mall   |                                     | Description of Expenditure   |                          |
| City<br>Erie   | State PA   | Zip<br>Code 16565                   | Name Tags  |                          |
| To Whom Paid   |  |                                     | Date [MM/DD/YYYY] \$   |                          |
| Eacebook   |  |                                     | Control Annual Control and Printers and Control and Control  | 21 ar aa                 |
| Facebook   | **   |                                     | 05/16/2019   | 25.00                    |
| House # Street Addres  | 1 Hacker Way   |                                     | 1029   | 25.00                    |
|  | 1 Hacker Way State CA  | <b>Zip</b><br>Code 94025            | 05/16/2019   | 25.00                    |
| House # Street Addres  City Melno Park  To Whom Paid   | 1 Hacker Way   |                                     | 05/16/2019 Description of Expenditure  |                          |
| House # Street Addres  City Melno Park  To Whom Paid Facebook  | State CA   |                                     | O5/16/2019  Description of Expenditure  Advertising  Date [MM/DD/YYYY] \$ 05/16/2019   | 8.19                     |
| House # Street Addres  City   Melno Park  To Whom Paid   Facebook  House # Street Addres   | State CA  State CA   |                                     | 05/16/2019 Description of Expenditure Advertising Date [MM/DD/YYYY]  |                          |
| House # Street Addres  City Melno Park  To Whom Paid Facebook  | State CA   |                                     | O5/16/2019  Description of Expenditure  Advertising  Date [MM/DD/YYYY] \$ 05/16/2019   |                          |
| House # Street Addres  City Melno Park  To Whom Paid Facebook  House # Street Addres  City Melno Park  To Whom Paid  | State CA  State CA  1 Hacker Way  State                              | <b>Code</b> 94025                   | O5/16/2019  Description of Expenditure  Advertising  Date [MM/DD/YYYY] \$ 05/16/2019  Description of Expenditure   | 8.19                     |
| House # Street Addres  City Melno Park  To Whom Paid Facebook  House # Street Addres  City Melno Park  To Whom Paid UBER   | State CA  State CA  State CA  State CA                               | <b>Code</b> 94025                   | O5/16/2019 Description of Expenditure  Advertising Date [MM/DD/YYYY] \$ 05/16/2019 Description of Expenditure.  Avertising Date [MM/DD/YYYY] \$ 06/01/2019   |                          |
| House # Street Addres  City   Melno Park  To:Whom Paid   Facebook  House # Street Addres  City   Melno Park  To:Whom Paid   UBER  House # Street Addres                | State CA  State CA  State CA  State CA                               | <b>Code</b> 94025                   | O5/16/2019  Description of Expenditure  Advertising  Date [MM/DD/YYYY] \$ 05/16/2019  (Description of Expenditure)  Avertising  Date [MM/DD/YYYY] \$ 06/01/2019  Description of Expenditure  | 8.19                     |
| House # Street Addres  City   Melno Park  To Whom Paid   Facebook  House # Street Addres  City   Melno Park  To Whom Paid   UBER  House # Street Addres                | State CA  State CA  State CA  State CA                               | <b>Code</b> 94025                   | O5/16/2019 Description of Expenditure  Advertising Date [MM/DD/YYYY] \$ 05/16/2019 Description of Expenditure.  Avertising Date [MM/DD/YYYY] \$ 06/01/2019   | 8.19                     |
| House # Street Addres  City Melno Park  To Whom Paid Facebook  House # Street Addres  City Melno Park  To Whom Paid UBER  House # Street Addres  City To Whom Paid     | State CA  State CA  State CA  State CA  State CA  State CA           | Zip   94025                         | O5/16/2019 Description of Expenditure  Advertising  Date [MM/DD/YYYY] O5/16/2019 Description of Expenditure  Avertising  Date [MM/DD/YYYY] O6/01/2019 Description of Expenditure   | 8.19<br>10.01<br>Voters  |
| House # Street Addres  City Melno Park  To:Whom Paid Facebook  House # Street Addres  City Melno Park  To:Whom Paid UBER  House # Street Addres  City Planned Parentho | State CA   Zip   94025                         | O5/16/2019 Description of Expenditure  Advertising  Date [MM/DD/YYYY] O5/16/2019 Description of Expenditure  Avertising  Date [MM/DD/YYYY] O6/01/2019 Description of Expenditure  Transportation to Polls to Greet  Date [MM/DD/YYYY] O6/01/2019 | 8.19 10.01 Voters 205.00 |
| House # Street Addres  City Melno Park  To Whom Paid Facebook  House # Street Addres  City Melno Park  To Whom Paid UBER  House # Street Addres  City To Whom Paid     | State CA   Zip   94025                         | O5/16/2019 Description of Expenditure Advertising Date [MM/DD/YYYY] S O5/16/2019 Description of Expenditure Avertising Date [MM/DD/YYYY] S O6/01/2019 Description of Expenditure Transportation to Polls to Greet Date [MM/DD/YYYY] S            | 8.19 10.01 Voters 205.00 |

# Statement of Expenditures

|   |   | Stateme                   | ent of Expenditu   | ires                       |
|---|---|---------------------------|--|----------------------------|
| Filer Identification N                        | umber: Fred                             | a Tep Cor                 | for Coun   | ty Coceucil                |
| To Whom Pald                                  | , · · · · · · · · · · · · · · · · · · · |                           |  |                            |
| io enoni Faiu                                 | E.M. O                                  |                           | Cor  | Date [MM/DD/YYYY] \$ 400   |
| House # , _                                   | Street Address .                        | w. 23rd                   | 26.  | Description of Expenditure |
| 1738  | (                                       |                           |  |                            |
| Chy Brie                                      | 2                                       | PA PA                     | Zip<br>Code /6502  | Repay loan                 |
| To Whom Paid                                  | E                                       |                           | 0  | Date [MM/DD/YYYY] \$       |
| F Diame and                                   | Freda                                   | Tép                       | 466  | 06/06/2019 37.82           |
| House # 1738                                  | Street Address                          | W. 23"                    | fer<br>st  | Description of Expenditure |
| City Brit                                     | <u></u>                                 | State PA                  | Zip<br>Code   16502_   | Repay Loanfrom Canditle    |
| To Whom Paid                                  | Varit iv                                | 100(10000000)             | Personal and Perso | Date [MM/DD/YYYY] \$       |
|   | LLC                                     |                           |  | 06/08/20/9 1.31            |
| House # 8.50C                                 | Street Address                          | OURTHAL                   | still Drive  | Description of Expenditure |
| City Suu                                      | nmestown                                | State Ohio                | Zip 45 26  | Merchant Account           |
| To Whom Paid                                  |   | ď                         |  | Date [MM/DD/YYYY] \$       |
| and Carlotter (1979).<br>Salamon and Carlotte | Frede                                   | = TEPF+                   | 21   | 06 10 1/2014 19.89         |
| House # 1.7.32                                |   | 0230.                     | ) St   | Description of Expenditure |
| City F  | ie                                      | State PA                  | Zip<br>Code   6502   | Repay loan from Condidat   |
| To Whom Paid                                  |   | 100/120m401               |  | Date [MAM/DD/YYYY] \$      |
| House #                                       | least the admitted of                   |                           |  |                            |
| TIOUSE #                                      | Street Address                          |                           |  | Description of Expenditure |
| Gity  | - I                                     | State                     | Zip<br>Code  |                            |
| To Whom Paid                                  |   | Common region, College of |  | Date [MM/DD/YYYY] \$       |
| House #                                       | Street Address                          |                           |  | Description of Expenditure |
|   | OLIGEE AUUI 985                         |                           |  | Pessi Mini Ai Pahelinina G |
| Cify  |   | State                     | Zip<br>Code  |                            |
| To Whom Paid                                  |   | <u>多語音樂學</u>              |  | Date MM/DD/YYYY] \$        |
|   |   |                           |  |                            |
| House #                                       | Street Address                          |                           |  | Description of Expenditure |
| City  |   | State                     | Zip  |                            |
| To Whom Paid                                  |   |                           | Code   | Date [MM/DD/YYYY] \$       |
|   |   |                           |  |                            |

Zip Code

House #

City

Street Address

State

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 identificati     | on Number:<br>Freda Tepfer for Erie County Co  | uncil                                 |
|------------------------|--|---------------------------------------|
| Name of Cred           | tor Not Applicable   | Outstanding Balance of Debt           |
| House#                 | Street Address   | DATE DEBTINGURRED \$                  |
| City                   |  | State Zip Code                        |
| Description of         |  |                                       |
| Name of Credi          |  | Outstanding Balance of Debt           |
| House #                | Street Address   | DATE DEBTINEURRED \$                  |
| City                   |  | State Zip Code                        |
| Description of         | Dent   |                                       |
| Name of Credi          | for.   | Outstanding Balance of Debt           |
| House#                 | Street Address   | DATE DEBT INCURRED \$ \$ [MM/DD/YYYY] |
| City                   | Programmed (pp)  | State: Zip<br>Code                    |
| Description of         | Debt   |                                       |
| Name of Credi          | tor  | Outstanding Balance of Debt           |
| House #                | Street Address   | DATE DEBT INCURRED \$                 |
| City<br>Description of | Debt Debt  | State Zip Code                        |
| Name of Credi          | #2 × 3 × 5   | Outstanding Balance of Debt           |
| House #                |  | DATE DEBT INCURRED \$                 |
|                        | Street Address   | [MM/ĐD/YYYYI]                         |
| City  Description of   | Dale   | State Zip<br>Code                     |
| pescripation of        | Debt   |                                       |
| Name of Credi          | or   | Outstanding Balance of Debt           |
| House#                 | Street Address   | DATE DEBT INCURRED \$ [MM/DO/YYYY]    |
| City                   | A STAN AS PART OF THE STAN AS A STAN | State Zip Code                        |

Description of Debt