Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	1	NA	Re	port	filed l	Ву	Candio			V	Com	mittee				7	Lobb	yist	
Number			(F	vlark .	X)														
Name of Filing Comn Lobbyist	nittee, Ca	ndidate or	Fre	da Tep	ofer			•		•									
Street Address		,	173	88 W 2	3rd St		, , , , , , , , , , , , , , , , , , , 												
City	Erie		<u> </u>				State	PA			Zip C	ode	1650	02					40.
Type of Report (Place																			
1- 6 th Tuesday 2- 2 Pre-Primary Pre-	? nd Friday Primary	3- 30 Day Post Primary		th Tur - Elec		E	^{id} Friday · Election		0 Da	y Post	7- An	nual		cial 2 -Elect	nd Frid ion	lay		ial 30 Electi	
-		X																	
Date Of Election (MM/DD/YYYY)		05/21/2019	Ye	ar			2019	Am Rep	endn oort	nent			Terr	minat ort	ion				
Summary of Receipts	sand	From Date	<u> </u>	Ť	o Date	<u></u>		 				For	Office	Use	Only				
Expenditures		05/06/2019			06	/10/20	019												
A. Amount Brought F	orward F	rom Last Report		\$		-835.7	7												
B. Total Monetary Co (From Schedule I)	ontributio	ns and Receipts		\$		437.82	2												
C. Total Funds Availal (Sum of Lines A and E				\$		-398													
D. Total Expenditures			\dashv	\$				1									÷		
(From Schedule III) E. Ending Cash Balance	***		_	<u>.</u>		0								()					
(Subtract Line D from	Line C)			\$		-398		l						!		<u></u>			
F. Value of In-Kind Co (From Schedule II)	ontributio	ns Received		\$		0		1						1		2			
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns		\$		0	•												
(From Schedule 14)						Ā	ffidavit S	ction							Print y		A		
Part 1- If this is a Commi												- I' - C +							
Sworn to and subscribed	before me		- }_	Sureu	 	i papei		#r		T M	of Perso	n Sabr	nitting r	2		e 1	 		
Signat My Commission expires_	МО.	3-23 DAY YR.	_ _		. 1		_	8 / 4 Area Co	de	-			e O -		<u>20</u> one Nu	フ/ ımber	_		
Part II- If this is a report of I swear (or affirm) that to									t viola	ated any	provisi	ons of t	he Act	of Jur	ie 3. 10	937 (P.	L. 133	3. NO:	320) as
amended.		-			·					•					, -	•		-,	,
Sworn to and subscribed	before me	this																	
day of		20	_	•	1							· · · · · · · · · · · · · · · · · · ·					_		
			_				_			Sign	ature of	Candio	late 				_		
Signature Printed Name																			
My Commission expires_	MO.	DAY YR.	_					Area Co	de	_		Dayti	ime Tel	lepho	ne Nun	nber	_		ı
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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.

Amount Date MM/DD/YYYY 5 0	Filer Identification	n Number	Freda Tepfer No	Filer number			
Committee							
Committee	Full Name of Co	ntributing				Date [MM/DD/YYYY]	and [
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Full Name of Contributing Committee City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee City State Zip Code Date [MM/DD/YYYY] \$ City State Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Date [MM/DD/YYYY] \$ City State Date [MM/DD/YYYY] \$ City							
Full Name of Contributing Committee Date [MM/DD/YYYY] S	House #	Street /	Address			Date [MM/DD/YYYY]	- ⁵
Committee Comm	City		S	State	Zip Code	Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$		intributing			<u> </u>	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee Date [MM/DD/YYYY] S	House #	Street /	Address			Date [MM/DD/YYYY]	\$.
Committee	City		S	State	Zip Code	Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$		ontributing			<u> </u>	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee Date [MM/DD/YYYY] \$	House #	Street	Address			Date [MM/DD/YYYY]	\$
Committee House # Street Address State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Full Name of Contributing Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Full Name of Contributing Committee Full Name of Street Address Full Name of Street Address Street Address Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY]	City		s	State	Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of Contributing Committee Date [MM/DD/YYYY] S	House #	Street	Address			Date [MM/DD/YYYY]	\$
Committee House # Street Address Date [MM/DD/YYYY] \$	City		S	State	Zip Code	Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/YYYY] \$		ontributing			<u> </u>	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee Date [MM/DD/YYYY] \$	House #	Street /	Address			Date [MM/DD/YYYY]	\$
Committee Date [MM/DD/YYYY] \$	City	<u> </u>		State	Zip Code	Date [MM/DD/YYYY]	\$
		ontributing		<u></u>		Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/YYYY] \$	House #	Street	Address			Date [MM/DD/YYYY]	\$
	City		2	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 Ider	ntification Number:	Freda Tepfer No	Filer number				
Full Nan	ne of Contributor	none			Date [MM/DD/YYYY	J \$	0
House #	Stre	et Address			Date [MM/DD/YYYY] \$	
City			State	Date [MM/DD/YYYY	\$		
Full Nar	me of Contributor			l	Date [MM/DD/YYYY] \$	
House #	Stre	et Address		***************************************	Date [MM/DD/YYYY] \$	
City			State	Zip Code	Date [MM/DD/YYYY	3 \$	
Full Nar	me of Contributor				Date [MM/DD/YYYY] \$	
House #	‡ Stre	eet Address			Date [MM/DD/YYYY] \$	
City			State	Zip Code	Date [MM/DD/YYYY	1 \$	
Full Nar	me of Contributor				Date [MM/DD/YYYY	1 \$	
House #	# Stre	eet Address			Date [MM/DD/YYYY	1 \$	
City			State	Zip Code	Date [MM/DD/YYYY	1 \$	
Full Nar	me of Contributor		<u> </u>	<u>.</u>	Date [MM/DD/YYY)] \$	
House ‡	# Stre	eet Address			Date [MM/DD/YYYY	3 \$	
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY	1 \$	
Full Naı	me of Contributor				Date [MM/DD/YYYY	1 \$	
House #	# Stre	eet Address			Date [MM/DD/YYYY	7] \$	
City			State	Zip Code	Date [MM/DD/YYYY	<u>/]</u> \$	

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 Iden	tification Number:	Freda Tepfer No) Filer num	ber					
Full Nan Contribu	ne of uting Committee	Freda Tepfer fo	r County Co	ouncil			Date [MM/DD/YYYY] 06/01/2019	\$	400
House #	1738	reet Address	23rd St				Date [MM/DD/YYYY]	\$	37.82
	1130	JVV .	كان كان				06/06/2019	<u></u>	
City			State	DA	Zip Code	16502	Date [MM/DD/YYYY]	\$	
	Erie			PA		16502			
Full Nan	ne of		'				Date [MM/DD/YYYY]	\$	
	uting Committee		_						
House #	St	treet Address					Date [MM/DD/YYYY]	\$	
City		L_	State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Nan	te of			L	<u> </u>		Date [MM/DD/YYYY]	\$	
	ne or uting Committee						2	[_
House #	St	treet Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code	<u> </u>	Date [MM/DD/YYYY]	\$	
			1	<u>L</u>	<u>L</u>			L	
Full Nan							Date [MM/DD/YYYY]	\$	
Contrib	uting Committee								
House #	St	treet Address					Date [MM/DD/YYYY]	\$	
City		<u> </u>	State		Zìp Code		Date [MM/DD/YYYY]	\$	
Full Nan	ne of			<u> </u>	<u> </u>		Date [MM/DD/YYYY]	\$	
	uting Committee		_						
House #	SI	treet Address					Date [MM/DD/YYYY]	\$	
Cia			Chah-	T	Zip Code	1	Date [MM/DD/YYYY]	\$	
City			State	<u>L</u>	Tih code		Date Data/OD/1111		
Full Nan							Date [MM/DD/YYYY]	\$	
	uting Committee	<u> </u>				<u> </u>			
House #	Si	treet Address					Date [MM/DD/YYYY]	\$	
City			State	<u> </u>	Zip Code	<u> </u>	Date [MM/DD/YYYY]	\$	

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:

		Freda Tepfer No F	ner namber			
Cull Nam	e of Contribute	N			Date [MM/DD/YYYY]	\$
ruii Naiii	le of Collerbuc	None				0
House #	s	Street Address	<u> </u>		Date [MM/DD/YYYY]	\$
		ı				
City	<u> </u>	 	State	Zip Code	Date [MM/DD/YYYY]	\$
Employe	r Name				Occupation	
	r Mailing Addr					
	Place of Busin				Date [MM/DD/YYYY]	\$
Full Nam	e of Contribute	or			Date (MIM/DD) (111)	
House #		Street Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	
City			State	2.0		
Employe	er Name		<u> </u>		Occupation	
	er Mailing Addr I Place of Busin					
	ne of Contribut				Date [MM/DD/YYYY]	\$
ruir (4a)	ie or contribut	·				-
House #		Street Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Employe	ar Name				Occupation	
					•	
	er Mailing Addr I Place of Busin					
Fuil Nan	ne of Contribut	or			Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Employe	er Name				Occupation	
	er Mailing Add					
Principa	l Place of Busin	1622				

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:	Freda Tepfer No Filer number			
Full Name	none			
House # Stree	et Address	,		
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description				
Full Name				
House # Stree	et Address			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description				
Fuli Name				
House # Stree	et Address			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description				
Full Name				
House # Stre	et Address			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description	<u> </u>			
Full Name				
House # Stre	et Address			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description				
Full Name				
House # Stre	eet Address			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description	1			

SCHEDULE !!

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: Freda Tepfer No Filer number	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALU	E OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ 0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 T	TO \$250.00 (FROM PART F)
TOTAL for the reporting period (2)	\$ o
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.0	DO (FROM PART G)
TOTAL for the reporting period (3)	\$ o
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORT PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also on Page 1, Report Cover Page, Item F)	TING \$ o enter 0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Freda Tepfer No Filer number			
Full Name of Contributor		Date (MM	/DD/YYYY] \$	

			 	Date [MM/DD/YYYY]	\$	
Full Nam	e of Contribute	or			Date (WINDD/TTTT)	٠	•
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			<u> </u>		Date [MM/DD/YYYY]	\$	
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House #	S	treet Address			Date [MM/DD/YYYY]	•	
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City			State	Zip Code	Date [MM/DD/YYYY]	۶	
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Descript	ion of Contribu	ition	1				
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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

		 	
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	!	 	

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ruii Nan	ne of Contribut	or			Date [MIM!/DD/)	,	<u> </u>
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Employe	er Mailing Add	ress / Principal		<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Description	_ _ _	
	Business				of Contribution		:
					Date [MM/DD/Y	/VVV1	\$
Full Nan	ne of Contribut	tor			Date [IMM/DD/1]	*
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i souse fi	`	Juicet Augress					
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City			State	Zip Code	Pate fining DD		
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Employ	er Mailing Add	ress / Princinal	 		Description		
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Statement of Expenditures

Filer Identification Number:	Freda Tepfer No Filer number		
	Treat representation the state of the state		

		المستنبي المستنبي المستنب			 Date [MM/DD/YYYY]	\$	
To Whom Paid					Date [WIN/DD/1111]	7	
Heuse #		[CL L B 4]			Description of Expenditure		
House # Street Address							
City		<u> </u>	State	Zip			
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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:	Freda Tepfer No Filer number			
	1	 	 	

Name of Cr	reditor				•		Outstanding Balance of Debt
House #	# Street Address DATE			DEBT INCL		\$	
				[M	IM/DD/YY	YY]	
City			State		Zip Code		
Description	n of Debt			<u> </u>			
Name of C	reditor	†					Outstanding Balance of Debt
House #		eet Address			DEBT INCL		\$
							1
City			State		Zip Code		
Description	n of Debt				_		
Name of C	reditor		•				Outstanding Balance of Debt
House #	Str	reet Address			DEBT INCI		\$
					7!		1
City			State Zip Code				
Description	n of Debt						
Name of C	reditor						Outstanding Balance of Debt
House #	Stu	reet Address		1	DATE DEBT INCURRED [MM/DD/YYYY]		\$
pia.			State		Zip	T	4 1
City			State		Code		
Description	n of Debt						
Name of C	reditor						Outstanding Balance of Debt
House # Stre		reet Address	et Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City			State		Zip Code		-
Description	n of Debt					<u>.l</u>	J
Name of C	reditor	+					Outstanding Balance of Debt
House #	St	reet Address		1	DEBT INC		\$
City			State		Zip Code	\	-
Descriptio	n of Debt						1 1

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number Freda Tepfer No Filer number		
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)	1	\$ 0
All Other Contributions (Part B)	- ,	\$
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)		\$ 437.82
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$ 437.82
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		

\$

437.82

Total for the reporting period

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)