



# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	NA	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Freda Tepfer						
Street Address		1738 W 23rd St						
City	Erie	State	PA	Zip Code	16502			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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)		05/21/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/06/2019	06/10/2019	
A. Amount Brought Forward From Last Report	\$	-835.7	<div>2019 JUN 20 PM 1:08</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	437.82	
C. Total Funds Available (Sum of Lines A and B)	\$	-398	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-398	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

## 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

20<sup>th</sup> day of June 20 19  
Dania Fernandez  
Signature

My Commission expires 4-3-23  
MO. DAY YR.

Signature of Person Submitting report  
Freda Tepfer  
Printed Name  
814 520-8201  
Area Code Daytime Telephone Number

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

\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_  
MO. DAY YR.

\_\_\_\_\_  
Signature of Candidate  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Area Code Daytime Telephone Number

## 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		Freda Tepfer No Filer number									
-----------------------------	--	------------------------------	--	--	--	--	--	--	--	--	--

  

										Amount	
Full Name of Contributing Committee		none						Date [MM/DD/YYYY]	\$	0	
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				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.)

<b>Filer Identification Number:</b>	Freda Tepfer No Filer number
-------------------------------------	------------------------------

<b>Full Name of Contributor</b>					none		<b>Date [MM/DD/YYYY]</b>	\$	0
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		

## 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.

<b>Filer Identification Number:</b>	Freda Tepfer No Filer number
-------------------------------------	------------------------------

<b>Full Name of Contributing Committee</b>		Freda Tepfer for County Council				<b>Date [MM/DD/YYYY]</b>	\$	
						06/01/2019		400
<b>House #</b>	1738	<b>Street Address</b>	W 23rd St			<b>Date [MM/DD/YYYY]</b>	\$	
						06/06/2019		37.82
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

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:	Freda Tepfer No Filer number
------------------------------	------------------------------

Full Name of Contributor					None					Date [MM/DD/YYYY]		\$	0
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													
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													
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													
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													

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 #		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										
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 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:	Freda Tepfer No Filer number
------------------------------	------------------------------

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period (1)	\$	0

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period (2)	\$	0

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period (3)	\$	0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	0
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----	---

SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	Freda Tepfer No Filer number
-------------------------------------	------------------------------

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Description of Contribution</b>									
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Description of Contribution</b>									
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Description of Contribution</b>									
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Description of Contribution</b>									



SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	Freda Tepfer No Filer number
------------------------------	------------------------------

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
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					State		Zip Code	
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					State		Zip Code	
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					State		Zip Code	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

**SCHEDULE III**  
**Statement of Expenditures**

Filer Identification Number: Freda Tepfer No Filer number

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					

  

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.

<b>Filer Identification Number:</b>	Freda Tepfer No Filer number
-------------------------------------	------------------------------

<b>Name of Creditor</b>							<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]			\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>								

  

<b>Name of Creditor</b>							<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]			\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>								

  

<b>Name of Creditor</b>							<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]			\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>								

  

<b>Name of Creditor</b>							<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]			\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>								

  

<b>Name of Creditor</b>							<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]			\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>								

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	Freda Tepfer No Filer number		
------------------------------------	------------------------------	--	--

  

<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	0

  

<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	0

  

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	437.82
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	437.82

  

<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	437.82