

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	36-4759048	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		Committee to Elect Jack Lee						
Street Address		8620 Honeysuckle Drive						
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/05/2019	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/22/2019	11/25/2019	2019 DEC -4 PM 12:36 04 ERIE COUNTY VOTER REGISTRATION
A. Amount Brought Forward From Last Report	\$	1,207.62	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	900.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2,107.62	
D. Total Expenditures (From Schedule III)	\$	1,420.48	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	687.14	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

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

4TH day of DECEMBER 20 19

Regina M. Erbini
Signature

My Commission expires 4 1 2023
MO. DAY YR.

Denise A. Lee
Signature of Person Submitting report
Denise A. Lee
Printed Name

814 882-8107
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

4TH day of DECEMBER 20 19

Regina M. Erbini
Signature

My Commission expires 4 1 2023
MO. DAY YR.

Jack F. Lee, Jr.
Signature of Candidate
Jack F. Lee, Jr.
Printed Name

814 823-9940
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
REGINA M. ERBIN - Notary Public
Erie County
My Commission Expires Apr 1, 2023
Commission Number 1289537

Contributions and Receipts

Detailed Summary Page

Filer Identification Number

36-4759048

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	0.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)		\$	400.00
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All Other Contributions (Part B)		\$	0.00
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Total for the reporting period	(2)	\$	400.00
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3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)		\$	500.00
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All Other Contributions (Part D)		\$	0.00
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Total for the reporting period	(3)	\$	900.00
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period	(4)	\$	0.00
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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>		\$	900.00
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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.

Filer Identification Number		96-4759048									
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										Amount	
Full Name of Contributing Committee			Iron Workers Local #3 PAC					Date (MM/DD/YYYY)	\$	250.00	
								11/13/2019			
House #	2201	Street Address		Liberty Avenue					Date (MM/DD/YYYY)	\$	
City	Pittsburgh		State	PA	Zip Code	15222			Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee			Friends of Bob Merski					Date (MM/DD/YYYY)	\$	150.00	
								10/29/2019			
House #		Street Address		P.O. Box 667					Date (MM/DD/YYYY)	\$	
City	Erie		State	PA	Zip Code	165012			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.)

Filer Identification Number:	36-4759048
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		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 Number:	36-4759048
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Full Name of Contributing Committee		Road Sprinkler Fitters Local #669 PAC				Date [MM/DD/YYYY]	\$	500.00
						11/14/2079		
House #	7050	Street Address		Oakland Mills Road		Date [MM/DD/YYYY]	\$	
City	Columbia	State	MA	Zip Code	21046	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 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: 36-4759048

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								
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								
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								
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								
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								

PART E

Other Receipts

REFUNDS, INTEREST 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:	36-4759048
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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												

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:

36-4759048

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period

(2)

\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period

(3)

\$

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)

\$

0.00

**SCHEDULE II
PART F**

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	36-4759048
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

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

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

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

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

Description of Contribution	
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Statement of Expenditures

Filer Identification Number: 36-4759048

To Whom Paid		Kimkopy			Date [MM/DD/YYYY]	\$	209.88
					10/18/2019		
House #	2040	Street Address	West 8th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Campaign Door Hangers	
To Whom Paid		Wegman's Catering			Date [MM/DD/YYYY]	\$	68.37
					11/05/2019		
House #	6143	Street Address	Peach Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Lunch for Poll Worker's	
To Whom Paid		Home Depot			Date [MM/DD/YYYY]	\$	41.98
					10/22/2019		
House #	7451	Street Address	Peach Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Sign Supplies	
To Whom Paid		Staples			Date [MM/DD/YYYY]	\$	142.83
					11/05/2019		
House #	1902	Street Address	Keystone Drive		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Sign Supplies	
To Whom Paid		Trevor Vogt Video			Date [MM/DD/YYYY]	\$	75.00
					10/29/2019		
House #	5603	Street Address	Zaunegger Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Campaign Video	
To Whom Paid		Churchill's Bourbon and Brew			Date [MM/DD/YYYY]	\$	249.19
					11/08/2019		
House #	8199	Street Address	Perry Highway		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Poll Watcher's Dinner	
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			

Statement of Expenditures

Filer Identification Number: 36-4759048

To Whom Paid		Doubl D's Restaurant				Date [MM/DD/YYYY]		\$		143.95	
						11/15/2019					
House #			Street Address	Rt 27			Description of Expenditure				
City	Garland		State	PA		Zip Code	16416		Poll Worker's Dinner		
To Whom Paid		The Brewerie				Date [MM/DD/YYYY]		\$		123.25	
						11/13/2019					
House #	123		Street Address	West 14th Street			Description of Expenditure				
City	Erie		State	PA		Zip Code	16501		Poll Worker's Dinner		
To Whom Paid		Personalization Mall				Date [MM/DD/YYYY]		\$		366.03	
						11/12/2019					
House #	51		Street Address	Shore Drive			Description of Expenditure				
City	Burr Ridge		State	IL		Zip Code	60527		Campaign Poll Handouts		
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					

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:	36-4759048
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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							