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

				_		•	
Filer Identification		Report Filed E	By Candida	ate 😾	Committee		Lobbyist
Number		(Mark X)			•		
Name of Filing Committee, Ca	indidate or	2	1.	1.5) d		
Lobbyist		1 1000	maly		roud		
Street Address		-	413/1	Alayn	ND "	TOP	
city bue			South		Zip Code	16505	
Type of Report (Place x under	report type)						
1- 6 th Tuesday 2- 2 nd Friday	3- 30 Day Post	ፈ_ ፍቱ Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary	Primary	Pre- Election	Pre- Election	Election	, , , , , , , , , , , , , , , , , , ,	Pre-Election	Post-Election
	T rittiar y	· · · · · · · · · · · · · · · · · · ·	THE ELECTION				
Date Of Election		Year	<u> </u>	Amendment		Termination	
(MM/DD/YYYY) Nov 5		2019		Report		Report	
NO40				•		•	
Summary of Receipts and	From Date	To Date	25-2019		For	Office Use Only	
Expenditures			~ an i				
							-2
A. Amount Brought Forward F	rom Last Report	\$ 2	289.96			6	8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. Total Monetary Contribution	ns and Possies	\$ 7	<u> </u>			9,	
(From Schedule I)	ma anu neceipis		<i>(</i>)			프닝	2
C. Total Funds Available		\$				Fira	25
(Sum of Lines A and B)			$^{\sim}$			52	O)
D. Total Expenditures		\$				يت آن	
(From Schedule III)			ן (י			10 m	<u>"</u> "
E. Ending Cash Balance		\$				ربر سير و	ွဲ ဖွဲ့
(Subtract Line D from Line C))	•			ည္တ
F. Value of In-Kind Contribution	ns Received	- s <u>}</u>					D. Dex
(From Schedule II)			")				
G. Unpaid Debts and Obligation	ns	\$ -					
(From Schedule IV)		=() = 1				
		3	. ≨ Affida vit Seα	ction			
Part 1- If this is a Committee repor	t, treasurer sign he	re. If this is a Can	digate report, ca	indidate sign here.			
I swear (or affirm) that this report, Sworn to and subscribed before m	including the attac	hed schedul를 여름	per, for the	best of my knowled	ge and belief tr	ue, correct and comple	te.
Sworn to and subscribed before me	e this	nsy is	: is se is				
25 day of Worcmb		Ission nu Isylvania	Ath of Penu He Inan, N Erie C	1	<i>ラル</i>		
113		- 6 12		Signature	f Person Subm	tting reflort	$-$ 0 \sim /
Marjan	<u> </u>	- 화광	nsylva Notary ounty pires	4	semal	41 CHULL	DUN
Signature		. 2 18	5 4 4 8 1		Printed Name	<u>{</u> }	_
My Commission expires 67	31 70	ber 1292344	usylvania - Not Notary Public County pires July 31, 2	B14	6 n	3455725	•
MO.	DAY YR.	e 23	의 등의 그	rea Code	Davi	time Telephone Number	
	2111	4 3	sylvania - Notary otary Public ounty ires July 31, 202	"ca coac	Day	ime releptione numbe	••
Part II- if this is a report of a Candid	late's Authorized (ommittee, a ndi	date shaksign he	ere.			
I swear (or affirm) that to the best	of my knowledge a	nd belief this pel i	tical confin ttee l	has not violated any	provisions of t	ne Act of June 3, 1937 (P.L. 1333, NO.320) as
amended.					•		
Sworn to and subscribed before me	a thic	鬗	ୁ ଚ	1-			
	- , - ,	Member	mmonwealth of Pennsylv Nicole Inan, Notar Erie Count	14	5)	
25 day of Novemb	er20 19	ع ٠ ١٤١٤		17/	/		
		Pennsylvania		Sign	ature of Candid	ate / S	
por /non			[S e =] _	· •	OKILIVIAL	ry Soll	elle h
Signature			의	(rinted Name	//	•
My Commission expires 07	31 7023	> ` [티르	유 C 구를	814	lo f	20-5729	
MO.	DAY YR.	- (S)	of Pennsylva fran, Notari Erie County	rea Code	Davti	me Telephone Number	
177.0.		er, <u>Pennsylva</u> nia Association of Not	Commonwealth of Pennsylvania - Nicole Inan, Notary Put Erie County My commission expires July:		Dayle	resonante reunidet	
-							
		2 2	Notan Blic				
		4 [5	[E 8				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$
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)	\$

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.

	entification Numb					
						Amount
Full Nat	me of Contribut	ting			Date [MM/DD/YYYY]	\$
			-			
House #	#	Street Addres	55		Date [MM/DD/YYYY]	\$
				 	Bo . For an all forms to a series	1,
City			State	Zip Code	Date [MM/DD/YYYY]	\$
	me of Contribut	ing	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
Commi	ittee				,	
House #	#	Street Addres	35	1987 M. Park Mark and Park and American Indiana.	Date [MM/DD/YYYY]	\$
ļ						
City			State	Zip Code	Date [MM/DD/YYYY]	\$
<u></u>						
Full Nar Commit	me of Contribut ittee	ting		<u></u>	Date [MM/DD/YYYY]	\$
House #	#	Street Addres	is		Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nar Commit	me of Contribut ttee	ing		_	Date [MM/DD/YYYY]	\$
House #	¥	Street Addres	S		Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
	me of Contributi	ing			Date [MM/DD/YYYY]	\$
Commit	rtee					
House #	¥]:	Street Addres	s		Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nan Commit	me of Contributi ttee	ing			Date [MM/DD/YYYY]	\$
House #		Street Address	5		Date [MM/DD/YYYY]	\$
·		/ MAI E3			[
City			State	Zip Code	Date [MM/DD/YYYY]	\$
	ı]
			I		I	1

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.)

Piler ide	ntification Number:		••••••••••••••••••••••••••••••••••••••						
								7 7	1 ***
Full Na	me of Contributor						Date [MM/DD/YYYY]	\$	
House	# Stre	eet Address					Date [MM/DD/YYYY]	\$	
City			State	Zip	Code		Date [MM/DD/YYYY]	\$	
						ĺ	***************************************	1	
Full Na	me of Contributor			•			Date [MM/DD/YYYY]	\$:
House a	‡ Stre	et Address					Date [MM/DD/YYYY]	\$	
		-ct /tdu/css						1	
City			State	7in f	Code	1	Date [MM/DD/YYYY]	\$	
City			State	Zip (Joue		Date [INIM/DD/1111]	7	
Full Na	ne of Contributor		1			İ	Date [MM/DD/YYYY]	\$	
, an sta	iic or continueto,						Date [teller/DD/1111]	"	
House #	Stre	eet Address					Date [MM/DD/YYYY]	\$	
City			State	Zip (Code		Date [MM/DD/YYYY]	\$	
Full Nar	ne of Contributor		<u> </u>			1	Date [MM/DD/YYYY]	\$	
House #	Stre	eet Address					Date [MM/DD/YYYY]	\$	·
								1	
City			State	Zip ('oda	T	Date [MM/DD/YYYY]	\$	
City			State	Zip (.ou c		Date [WW/DD/1111]	3	
Full Nar	ne of Contributor		<u> </u>	<u>i</u>		<u> </u>	Date [MM/DD/YYYY]	\$	
								1	
House #	les-						B . Therefore hanned	_	
nouse #	Stre	et Address					Date [MM/DD/YYYY]	\$	

City			State	Zip C	ode		Date [MM/DD/YYYY]	\$	
Full Nan	ne of Contributor						Date [MM/DD/YYYY]	\$	
House #	Stre	et Address		.			Date [MM/DD/YYYY]	\$	
City	1		State	Zip C	ode	1	Date [MM/DD/YYYY]	\$	
-									
						1			

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 Id	dentification Number:						
	ame of ibuting Committee					Date [MM/DD/YYYY]	\$
House	# Str	reet Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
	ame of buting Committee				1	Date [MM/DD/YYYY]	\$
House	# Str	reet Address		remus.	1974	Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
	ame of buting Committee		<u> </u>		<u></u>	Date [MM/DD/YYYY]	\$
House	# Str	eet Address			· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
City			State	Zip Code	A	Date [MM/DD/YYYY]	\$
	buting Committee					Date [MM/DD/YYYY]	\$
House	# Stre	eet Address		 		Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
	outing Committee					Date [MM/DD/YYYY]	\$
House	# Stre	eet Address				Date [MM/DD/YYYY]	\$
City		5	State	Zip Code		Date [MM/DD/YYYY]	\$
	outing Committee					Date [MM/DD/YYYY]	\$
House #	Stre	eet Address	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Date [MM/DD/YYYY]	\$
City		S	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)

The Tuestimeston No.	111001			·	
Full Name of Contri	ributor			Date [MM/DD/YYYY]	\$
				- · · · · · · · · · · · · · · · · · · ·	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing A Principal Place of Bo					
Full Name of Contri				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing A Principal Place of Bu				i	
Full Name of Contri				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing A Principal Place of Bu	usiness				
Full Name of Contril	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Ad Principal Place of Bu		*			

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 Nur	nber:			
	······································			
Full Name		-		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			1
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			<u> </u>	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Fuli Name		•		
House #	Street Address	1998 - 1994 - 11		
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		1		

SCHEDULE II

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:	
	· · · · · · · · · · · · · · · · · · ·
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF S	50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$25	0.00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FRO	DM 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)	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

				VALUE OF \$30.01 10 \$230		
Filer ider	ntification Numbe	er:				
Full Nan	ne of Contribut	or			Date [MM/DD/YYYY]	\$
House #	5	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>		State	Zip Code	Date [MM/DD/YYYY]	\$
Descript	tion of Contribu	ıtion				
Full Nan	ne of Contribut	or	Alternative in the second		Date [MM/DD/YYYY]	\$
House #	S	Street Address	- Angle d	- No.	Date [MM/DD/YYYY]	\$
City	<u> </u>		State	Zip Code	Date [MM/DD/YYYY]	\$
Descript	ion of Contribu	ition				
Full Nam	ne of Contributo	or			Date [MM/DD/YYYY]	\$
House #	S	Street Address	***************************************		Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Descripti	ion of Contribu	tion				
Full Nam	ne of Contributo	or			Date [MM/DD/YYYY]	\$
House #	S	Street Address			Date [MM/DD/YYYY]	\$
City	L		State	Zip Code	Date [MM/DD/YYYY]	\$
Descripti	ion of Contribut	tion				
Full Nam	e of Contributo	or			Date [MM/DD/YYYY]	\$
House #	Sı	itreet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Description	on of Contribut	tion		beautiful to the second	<u> </u>	

SCHEDULE II Part G

In-Kind Contributions Received

				VALUE OV	'ER \$250				
Filer Iden	itification Numbe	er:							· · · · · · · · · · · · · · · · · · ·
					<u> </u>	·····			
Eudi Non	ne of Contribut	tor I			,	Date [MM/DD	/vvvvi	\$	
run Man	ne or contribut	lor	•			Date [IMM/DD	/11111		
House #		Street Address				Date [MM/DD	/YYYY]	\$	
City			State	Zip Code		Date [MM/DD	/ʏʏʏ	\$	
Employe	er Name				<u> </u>	Occupation			
Employe	r Mailing Addr	ress / Principal				Description			
	Business					of Contribution			
Full Nam	ne of Contribut	or				Date [MM/DD	/ʏʏʏy]	\$	
	T								
House #	S	Street Address				Date [MM/DD	/ҮҮҮҮ]	\$	
City			State	Zip Code		Date [MM/DD,	/YYYY]	\$	
Employe	er Name					Occupation	<u> </u>	<u> </u>	
	r Mailing Addr Business	ess / Principal				Description of Contribution			
Full Nam	e of Contribute	or				Date [MM/DD/	/YYYY]	\$	
House #	s	itreet Address	•			Date [MM/DD/	/YYYY]	\$	
City	<u> </u>	<u></u>	State	Zip Code		Date [MM/DD/	YYYY]	\$	
Employe	r Name					Occupation			
Employe Place of	r Mailing Addr Business	ess / Principal				Description of			
						Contribution			
Full Nam	e of Contribut	OF				Date [MM/DD/	YYYY]	\$	
House #	اد	treet Address	· .			Date [MM/DD/	lvvvvi	\$	
riouse w		treet Address				Date [issist/DD]	11111	3	
City			State	Zip Code		Date [MM/DD/	YYYY]	\$	
Employe	r Name					Occupation		ıl.	
Employe	r Mailing Addr	ess / Principal				Description			

Contribution

Place of Business

Statement of Expenditures

Filer Identification	Number:	,			
To Whom Paid		<u> </u>			Date [MM/DD/YYYY] \$
	DESant	540 W.			03 04 209 1,150,90
House #	Street Address	500 Jul	10+A)	<u> </u>	Description of Expenditure
City		570 W.	1200		yard Right
Gity 4	lue	State	Zip Code	16502	Vuvue frames
To Whom Paid	7.6	+ 6.	- 1 -		Date [MM/DD/YYYY] \$
House #		ntes Sig	NSO		0403 2019 90.00 Description of Expenditure
Tiouse #	Street Address	540 W.	180	15t	Campaign Badges
City	ue,	Spare	Zip Code	16502	
To Whom Paid		•		<u> </u>	Date [MM/DD/YYYY] \$
	Se	nion 1	Veu	5 -	05 01 2019 235.00
House #	Street Address	PNR	01	3056	Description of Expenditure
City Eu	18 -	State	Zip Code	16508	ad
To Whom Paid			1 -		Date [MM/DD/YYYY] \$
	Se	wow N	eus	-	10 11 2019 200.00
House #	Street Address	P.O. Box	1.204	260	Description of Expenditure
City /	Jue-	Sugre	Zip		are_
	me-	10.	Code	16500	
To Whom Paid	Ser	nion Ne	1125		Date [MM/DD/YYYY] \$ 200.00
House #	Street Address				Description of Expenditure
Cin.		P.O. Box		·	ad_
City	ue	State	Zip Code	16500	
To Whom Paid		1,0,6	<i>t</i>		Date [MM/DD/YYYY] \$
		UPS 5		<u> </u>	05 01 2019 233.06 Description of Expenditure
House #	Street Address	2501	W. K	2 to	Description of Expenditure
City 4	uce.	State Pa_	Zip Code	16505	door hangers
To Whom Paid			<u>- , </u>		Date [MM/DD/YYYY] \$(
		ue. Not	ar	V	030420A 83.00
House #	Street Address	1353	W.	30 50	Description of Expenditure Notary Lor Detetler
City (elue	State	Zip Code	16508	00 7
To Whom Paid	,5	110. No	tan	26	Date [MM/DD/YYYY] \$ 90.00
House #	Street Address	1250	3/11.	Boto	Description of Expenditure
City	10111	State D	Zip	11/-00	Watar Course that
	lelu_	L Ta	Code	16500)	working to belling

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

	ion Number:			
Name of Cred	itor			
				Outstanding Balance of Del
ouse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	
escription of	Debt			
ame of Credi	tor			Outstanding Balance of Deb
ouse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	
escription of	Debt			
ame of Credi	tor			Outstanding Balance of Deb
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ty		State	Zip Code	_
escription of (
me of Credit	cor			Outstanding Balance of Debi
use #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
y		State	Zip Code	
escription of [-	
me of Credit				Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
У		State	Zip Code	-
scription of D	lebt			
ne of Credito	or			Outstanding Balance of Debt
use #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
У		State	Zip Code	4

Senior News

For Boomers and Beyond
P.O. Box 3056 • Erie, PA 16508-0056
(814) 881-1101 • Fax (814) 833-9698
Email srnews@verizon.net

Custom	er's P.O. #	
Date	May 11, 2019	

TO Rosemary Sheridan

AD SIZE	RUN DATE AMOUNT
1/4	MayAdvertisement \$ 270.0
·	ALL CHECKS SHOULD BE MADE PAYABLE TO: SENIOR CITIZENS NEWS Thank you
	Check # 2772

pd on -19

Senior News

For Boomers and Beyond

P.O. Box 3056 • Erie, PA 16508-0056 (814) 881-1101 • Fax (814) 833-9698

Email: srnews@verizon.net

2019 Advertising Rates and Sizes

Size	12X per issue	6X per issue	3X per issue	1X per issue	Spot or 4C per issue
Full Page (10-1/4" w x 15-1/2" d)	\$ 695.00	\$ 750.00	\$ 820.00	\$ 900.00	\$ 200.00
1/2 Page - Horizontal (10-1/4" w x 7-5/8" d)	\$ 380.00	\$ 400.00	\$ 425.00	\$ 495.00	\$ 100.00
1/2 Page - Vertical (5" w x 15-1/2" d)	\$ 380.00	\$ 400.00	\$ 425.00	\$ 495.00	\$ 100.00
1/4 Page (5" w x 7-5/8" d)	\$ 195.00	\$ 210.00	\$ 230.00	\$ 254.00	\$ 75.00
5/32 Page (5" w x 5-1/2" d)	\$ 140.00	\$ 150.00	\$ 165.00	\$ 180.00	\$ 60.00
1/8 Page (5" w x 3-1/2" d)	\$ 95.00	\$ 105.00	\$ 115.00	\$ 130.00	\$ 45.00
3/32 Page - Horizontal (5" w x 2-3/4" d)	\$ 70.00	\$ 75.00	\$ 80.00	\$ 90.00	\$ 35.00
3/32 Page - Vertical (2-3/8" w x 6" d)	\$ 70.00	\$ 75.00	\$ 80.00	\$ 90.00	\$ 35.00
1/16 Page - Horizontal (5" w x 1-3/4" d)	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	\$ 25.00
1/16 Page - Vertical 2-3/8" w x 4" d)	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	\$ 25.00
Business Card (3-1/2" v	v x 2" d)	\$49.00	per issue inclu	ding color	
1/32 Page (2-3/8" w x 2'	1/32 Page (2-3/8" w x 2" d) \$39.00 per issue including color				
1/64 Page (5" w x 1" d)	1/64 Page (5" w x 1" d) \$29.00 per issue including color				

FREE STANDING INSERTS

\$ 75.00 per thousand for complete saturation \$100.00 per thousand for targeted circulation Inserts provided by client.

Finished size of piece must be no larger than 8-1/2" x 11"

DEADLINE FOR SUBMISSION IS THE 15th OF THE MONTH PRECEDING PUBLICATION.

Senior News

For Boomers and Beyond

P.O. Box 3056 • Erie, PA 16508-0056 (814) 881-1101 • Fax (814) 833-9698 Email srnews@verizon.net

Custome	r's P.O. #	
Date	November 8, 2019	

TO Rosemary Sheridan

AD SIZE	RUN DATE	AMOUNT	
5/32	November Advertisement	\$ 200.00	
	ALL CHECKS SHOULD BE MADE PAYABLE TO: Thank you		

Senior News

For Boomers and Beyond
P.O. Box 3056 • Erie, PA 16508-0056
(814) 881-1101 • Fax (814) 833-9698
Email srnews@verizon.net

Customer	Customer's P.O. #	
	October 11, 2019	
Date	000000111,2012	

TO

Rosemary Sheridan

AD SIZE	RUN DATE	AMOUNT
5/32	October Advertisement	\$ 200.00
	ALL CHECKS SHOULD BE MADE PAYABLE TO:	
	Thank you	
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pd check 2782

Senior News

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P.O. Box 3056 • Erie, PA 16508-0056
(814) 881-1101 • Fax (814) 833-9698
Email srnews@verizon.net

Custom	er's P.O. #		·
Date	May 11, 2019	. 1	

TO

Rosemary Sheridan

AD SIZE	RUN DATE	AMOUNT	
1/4	May Advertisement	\$ 270.00	
	ALL CHECKS SHOULD BE MADE PAYABLE TO: SENIOR CITIZENS NEWS Thank you		

	8UES NOTARY 3 WEST 38TH STR	Inc.
E	RIE, PA 16508	.4
03/11/2019	16:49:50	, ≱t
	DEBIT CARD	
	DEBIT SALE	
Card #	XXXXXXXXXXXX7805	
SEQ #;	21	·
Batch #:	309	
INVOICE	22	
Approval Code:	531722	
Entry Method:	Swiped	·
Mode:	Online	
SALE AMOUNT	\$90.00	
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Sales Receipt

	DATE	SALE NO.
ĺ	3/11/2019	1546827

CUSTOMER COPY			CHECK NO	PAYMENT METH
				debit
Item	QTY	RATE		AMOUNT
NOTARY FEE	15		5.00	75.00
CLERICAL	2	-	7.00	14.00
DEBIT SURCHAR			1.00	1.00
) ·
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JADIA WAS YOUR NOT	ARY	То	4 - 1	Alexandra A

SUES NOTARY e Inc. 1353 WEST 38TH STR ERIE, PA 16508 eet 03/04/2019 11.01.11 DEBIT CARD DEBIT SALE Card # XXXXXXXXXXXXX7805 SEQ #: Batch #: 303 INVOICE 4 Approval Code; 882679 Entry Method: Swiped Mode: Online SALE AMOUNT \$83.00

Sales Receipt

DATE	SALE NO.
3/4/2019	1546484

CUSTOMER COPY			CHECK	NO.	PAYMENT METH
					debit
Item	QTY	RATE			AMOUNT
OTARY FEE	15	, W. C.	5.00		75.00
LERICAL		-	7.00		7.00
EBIT SURCHAR			1.00		1.00
1	·				
		,			

Total

\$83.00



QUOTE Erie Yorktown Center UPS Store



814 836 1877



store5155@theupsstore.com

OR VISIT US @ Yorktown Center 2501 W 12th Street, Erie, PA 16505

CLIENT: Rosemary

'PHONE:

DATE: 4.26.19

EMAIL:

YOUR ORDER

RETAIL

YOUR PRICE

250 4x11 die cut door hanger 14PT with UV Coating 200.96

file editing

20.00

TOTAL W/ TAX TOTAL W/O TAX

This estimate is not definite and it is our best guess at the total price to complete the work stated above. The pricing may vary based on changes to order, additional parts, and or labor that is required. Any job or quote past 30 days original quote is subject to change.

FOR ALL YOUR DESIGN, PRINT & PACKAGING SERVICES SEE OUR DESIGN WORK ONLINE WWW.THEUPSSTORELOCAL.COM/5155

DESANTIS SIGNS AND GRAPHICS, INC. 540 WEST 18TH STREET

540 WEST 18TH STREET ERIE, PA. 16502-1721 (814) 452-6028

Bill To	
ROSE SHERIDAN 413 COLORADO DRIVE ERIE, PA 16505	

INVOICE

Date	Invoice #
4/3/2019	7427

Terms
50% Down, Balance on Delivery

P.O. No.

Qty	Description	Amount
100	3" CAMPAIGN BADGES	90.00T

1.

	Subtotal	\$90.00
All jobs require a 50% deposit, and balance due upon completion	Sales Tax (6.0%)	\$5.40
Note: All signs remain the property of Desantis Signs until paid in full.	Total	\$95.40

DESANTIS SIGNS AND GRAPHICS, INC.

540 WEST 18TH STREET ERIE, PA. 16502-1721 (814) 452-6028

Bill To	
ROSE SHERIDAN 413 COLORADO DRIVE ERIE, PA 16505	

INVOICE

Date	Invoice #
3/14/2019	7402

Terms
50% Down, Balance on Delivery

P.O. No.

Qty	Description	Amount
250	14 X 22 YARD SIGNS PURPLE	847.50T
250	WIRES FRAMES FOR YARD SIGNS	237.50T
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	All jobs require a 50% deposit, and balance due upon completion
	Note: All signs remain the property of Desantis Signs until paid in full.

Subtotal	\$1,085.00
Sales Tax (6.0%)	\$65.10
Total	\$1,150.10