



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	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	Rita F Bishop						
Street Address	10172 Barney Road						
City	Albion	State	pa	Zip Code	16401		

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 checked="" type="checkbox"/>	<input 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
	6/21/19	10/20/19	
A. Amount Brought Forward From Last Report	\$	-7.86	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1210.	
C. Total Funds Available (Sum of Lines A and B)	\$	1202.14	
D. Total Expenditures (From Schedule III)	\$	941.52	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	260.62	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	20	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	560.00	

2019 OCT 21 AM 11:27
ERIE COUNTY
VOTER REGISTRATION

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 schedule on page 2 to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 21st day of October 2019

Janina Fernandez
Signature

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

Rita F Bishop
Signature of Person Submitting Report

Rita F. Bishop
Printed Name

814
Area Code

981-9679
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

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	Rita f Bishop		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 100
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)			\$ 650
All Other Contributions (Part B)			\$ 100
Total for the reporting period		(2)	\$ 850
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)			\$
All Other Contributions (Part D)			\$ 360
Total for the reporting period		(3)	\$ 360
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 <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>			\$ 1210.00

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	Rita F Bishop
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						Amount
Full Name of Contributing Committee		Committee to elect John Loomis			Date [MM/DD/YYYY]	\$ 100
					06/30/2019	
House #	5706	Street Address	Jones LN		Date [MM/DD/YYYY]	\$
City	Erie	State	pa	Zip Code	16505	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.)

Filer Identification Number:	Rita F Bishop
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Full Name of Contributor		Meagan An Damon Finazzo		Date [MM/DD/YYYY]	07/20/2019	\$	100
House #		Street Address	Alexander Dr	Date [MM/DD/YYYY]		\$	
City	erie	State	pa	Zip Code	16509	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Maria Goelner		Date [MM/DD/YYYY]	10/05/2019	\$	100
House #	1242	Street Address	west 12	Date [MM/DD/YYYY]		\$	
City	Erie	State	pa	Zip Code	16501	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Rebecca and Mike Welch		Date [MM/DD/YYYY]	08/05/2019	\$	100
House #		Street Address		Date [MM/DD/YYYY]		\$	
City	Deming	State	NM	Zip Code	88030	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Don and Debbie Parknow		Date [MM/DD/YYYY]	08/14/2019	\$	50
House #		Street Address	Barney Road	Date [MM/DD/YYYY]		\$	
City	Albion	State	pa	Zip Code	16401	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Charles Stiles		Date [MM/DD/YYYY]	08/17/2019	\$	100
House #	5193	Street Address	Academy St	Date [MM/DD/YYYY]		\$	
City	E. springfield	State	pa	Zip Code	16411	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Katherine Artines		Date [MM/DD/YYYY]	10/16/2019	\$	200
House #		Street Address	North Birtch	Date [MM/DD/YYYY]		\$	
City	Erie	State	pa	Zip Code	16509	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:	
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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]	\$
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:		Rita F Bishop									
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Full Name of Contributor					Rita Bishop Loan					Date [MM/DD/YYYY]	\$	360
										06/30/2019		
House #	10172	Street Address			Barney					Date [MM/DD/YYYY]	\$	
City		Albion			State	PA		Zip Code	16401		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, 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:	Rita F Bishop
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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							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

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:	Rita F Bishop
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 20.00

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)		\$ 20.00
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number	
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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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SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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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]	\$
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		Date [MM/DD/YYYY]	\$
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		Date [MM/DD/YYYY]	\$
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		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Rita F Bishop
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To Whom Paid		Dan Rice Days			Date [MM/DD/YYYY]	\$	75
					06/27/2019		
House #		Street Address	Boro Office		Description of Expenditure		
City	Griard	State	Pa	Zip Code		Booth	
To Whom Paid		Got Print			Date [MM/DD/YYYY]	\$	40.00
					06/20/2019		
House #	7651	Street Address	N San Fernando Rd		Description of Expenditure		
City	Burbank	State	Ca	Zip Code	91505	Signs and postcards	
To Whom Paid		Amazon			Date [MM/DD/YYYY]	\$	88.98
					06/22/2019		
House #		Street Address	Online		Description of Expenditure		
City		State		Zip Code		Canapy and Lights for Booth	
To Whom Paid		Signs 247			Date [MM/DD/YYYY]	\$	440.00
					07/05/2019		
House #	40	Street Address	West crystal Lake Street #100		Description of Expenditure		
City	Orlando	State	FL	Zip Code	32806	Yard Signs	
To Whom Paid		Got Print			Date [MM/DD/YYYY]	\$	146.18
					07/09/2019		
House #	7651	Street Address	N San Fernando Rd		Description of Expenditure		
City	Burbank	State	Ca	Zip Code	91505	Car Magnet signs	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid		Allied T-shirt.com			Date [MM/DD/YYYY]	\$	124.66
					08/16/2019		
House #	1152A	Street Address	Stonehallow Dr Suite 100		Description of Expenditure		
City	Austin	State	TX	Zip Code	78758	T-Shirts	
To Whom Paid		Walmart			Date [MM/DD/YYYY]	\$	22.13
					10/11/2019		
House #		Street Address	Rt 6n		Description of Expenditure		
City	Edinbor	State	pa	Zip Code	16412	Labels and ink	

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:	Rita F Bishop
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Name of Creditor		Albion Fair				Outstanding Balance of Debt	
House #	9809	Street Address	rt 215	DATE DEBT INCURRED [MM/DD/YYYY]		\$	200
				08/09/2019			
City	Albion	State	pa	Zip Code	16401		
Description of Debt		Advertisement in fair book					
Name of Creditor		Rita F Bishop Candidate				Outstanding Balance of Debt	
House #	10172	Street Address	Barney Rd	DATE DEBT INCURRED [MM/DD/YYYY]		\$	360.00
				6/30/2019			
City	Albion	State	pa	Zip Code	16401		
Description of Debt		Loan					
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							

PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed legibly in blue or black ink.

INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amendment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered.

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.