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

		tu legible. It 311		
Number (Mark)		late 🛚 🖁 🗸	Committee	Lobbyist
Name of Filing Committee, Candidate or El	IEN SO	· 14 41 15	ERMAN	
00		LLFAI	_	
ciny ERIE	State	PA	Zip Code 1650	 S
Type of Report (Place x under report type)				
1-6th Tuesday 2-2 nd Friday 3-30 Day Post 4-6th Luc	Sdav. 5. 2 ^m friday	6-30 Day Pos	t 7- Annual Special 2 nd Frida	y Special 30 Day
Pre-Primary Pre-Primary Primary Pre-Elec			Pre-Election	Post-Election
Date Of Election Year (MM/DD/YYYY)		Amendment Report	Termination Report	
Summary of Receipts and From Date T	o Date		For Office Use Only	
6-11-19 /	0-21-19			
A. Amount Brought Forward From Last Report \$	3441.3	5 *		
B. Total Monetary Contributions and Receipts \$ (From Schedule I)			an France	2
C. Total Funds Available \$	21111 76	.]	à	
(Sum of Lines A and B) D. Total Expenditures \$	3441.35	<u> </u>	YOTER ENRA REC	2019 OCT 22
(From Schedule III) E. Ending Cash Balance: \$	1467.90	<u>)</u>		22
(Subtract Line D from Line C)	4849.25	2		70
F. Value of In-Kind Contributions Received \$ (From Schedule II)	- 			<u>.</u>
G. Unpaid Debts and Obligations \$ (From Schedule IV)		1	Ē	C
	Affidavit S	ection		
Part 1- If this is a Committee report, treasurer sign here. If this is				
I swear (or affirm) that this report, including the attached stined	ules on pager, is to the	e best of my knowl	edge and belief true, correct and comp	olete.
Sworn to and subscribed before me this	pril 3, 202:	د د د ا	SON	
day of <u>CATODA</u> 20 1		Signatur	e of Person Submitting report	ware.
Signature Signature		DHEN	SCH AUER Printed Name	MAN
My Commission expires 4-3-23	Erie Ocempission expires ission number isylvania Association Association isylvania Association isylvania Assoc	814	392-36	プシ ン
Signleture My Commission expires Mo. DAY YR.	niesic nissic insylv	Area Code	Daytime Telephone Nun	nber
Part II- If this is a report of a Candidate's Authorized Committee		here.		
I swear (or affirm) that to the best of my knowledge and be	nis politic Rommittee	has not violated a	ny provisions of the Act of June 3, 193	7 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	Ž			
day of	-	01	renture of Candidate	
			gnature of Candidate	
Signature	I		Printed Name	
My Commission expiresMO. DAY YR.	-	Area Code	Daytime Telephone Numb	 per
			•	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1. Uniternized 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	1	
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, Re 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.

Filer Identification Number				
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street Ad	dress		Date [MM/Db/YYYY] \$	
Chy.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			And the second of the second o	
Committee			A Section 1	
House # Street Ad	ldress		Date [MM/DD/YYYY] S	
City 1	v State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	more as the of Markets		Date [MM/DD/YYYY] S	
House# Street Ad	ldress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	/Date [MM//DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House # Street Ad			Date [MM/DD/YYYY] 5	
City	State	Zip Códe	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Ad			Date [MM/DD/YYYY] \$	
City	State	zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
Gity	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				
Full Name of Contributor			Date IMM/DD/YYYY] = \$	
House # Stree	t Address		Date [MM/DD/YYYY] \$	
Chy.	State	Zip Code	Date (MM/DD/XYYM) \$	
Full Name of Contributor			Data (VM/DD/AAM) 5	
House # Stree	t Address		Date [MM/DD/YYYY] \$	
	Sale	(Sp. Code (Sp. Code (Sp. Code)	(Date [WW/JOD/48741] 2 \$	
Full Name of Contributor			Oate (MM/,DD/YYYY) 5	
House # Stree	ti Address		Date (MW/DD/MYW)	
City.	State	Zip Code # [Date (MM/DD/MYM) : U.S.	
Full Name of Contributor			Date (MM//DD//MM/) S	
House # Street	LAddress		DEATH IMINADDA A AND S	
CIVAL FIRST	State	Zip Code	Date (MM/DD//MYM) S	
Pull Name of Contributor			Date [MM/DD/YYYY] \$	
	EAddress		Date [MM/QD/YYYY] \$	
CIVE CONTRACTOR	State 	Zip Code	DATE IMMY/PDZ SAME	
Full Name of Contributor			DHE (MM/ODVAVAM) 5	
	Address		. Date [MM/DD/YYYY] 5	
Cly,	State.	Zip Code	Date (MM/dd/Ayyy) \$	

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:				
··				
Fell Name of Contributing Committee			Date [M/M/DD/WVV] S	
House # Stree	er Addross		Date [MM/DD/YYYY] 8	
CIPY CIPY	-State	Zip Code	pate [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date (MM/IDD/YYYY)	
House # Stree	et Address		Date [MM/DD/YYYY] S	
City E	Siate	A(s. Goden + !	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date (Miv/ADD/AVAX) = 1.5	
House #: Street	et Address		Date MM/DD/YYMN] S	
CIVE CONTRACTOR	State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee			Date (WW/DD/YYYY) S	
House # Street	t Address		Date (MM/DD/YYYY)	
GHV.	state	Zip Gode	Date (VM/DD/XXXX)	
Full Name of Contributing Committee			Date [MM/DD/YYY1]. 5	
House # Street	et Address		Date [MM/DD/YYYY] 5	
	State	Zip Code	Date [MM/DD/MYY) . S	
Full Name of Committee			Cate [MM/D0/YEM] ()	
House# Street Table 12	rt Address - Aller State (1997) - Aller State (1997)		Date [MM/DD/YYYY] 5	
City and control of	State:	Zip Code	pate HMM/pb/YYM1 25	

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)

Fügr dentification Number

Full Name of Contributor			Date (MM/DD/MM)
House# Street Address			Date [MM/DD/YYYY] 5
	State	Zio Code	Date [MM/DD/YYYY] 5
Employer Name	1 concentration and account of the control of the c	grant to the state of the state	Occupation
Employer Mailing Address / Principal Place of Bosiness			
Full Name of Contributor H. L.			Date [MM/DD/YYY] 5
House # Street Address			Date [MW/DD/YYYV] = 5
Gity	State	Zip Code ; i	Date (viM/bib/***Y) 1 5
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of contributor			TOBIC (MM/HD/AMM)
House # Street Address			Date MM/DD/YM/I
Gity ::://	-State:	Zip Code	Date [MM/OD/YYYY] \$
Employer Name			Decupation :
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			(Cate MM/DD/AAM) S
House # Street Address	,		Date (MM/DD/YYYY) \$
Clty S	State its fact	Zip Code	Date (MM/OD/WY) \$
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.

Eller Identification Number				
Full Name House # Stre City Receipt Description	et Address	State	Zip Code	Date HVM/DD/YYYY] \$
City Beschot Description	et Address	State	Code	Date IMM/DD/YYYY S
City) Receipt Description	est Address	State	zlo Code	Date (MMV/Dib/MY/M) \$1
Gity Receipt Description	et Address	State	Zio Code	Date BAN/DD/YYYY
City Receipt Description	et Address	State (Zip i i i i i i i i i i i i i i i i i i	Poate (MIM/OD/XYYY) \$
Full Name House # Stra City Receipt Description	et Address	State	Zip Code	Date [MW/DD/YYM] \$

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

File dentification Rumben				
ANTERING SERVICE STREET SERVICES SOUTH SIGHT	istarichuras-rementria	TO BE THE STREET OF THE STREET		
TOTAL for the reporting period	(1)		neurinpusea 1931 - Artist III (1844-1844)	
2. IN KIND CONTRIBUTIONS RECEIV	4F0 VALUE OF \$50.00 3	e szsegegerená varn		
TOTAL for the reporting period	(2)	\$		
3. IN KIND CONTRIBUTION RECEIVE	DEVAIUE OVER \$250.0	OFFROM PART (S) PRINT OF BUILDING TO THE SECOND	Markener de Legista de la decembra de la companya de la companya de la companya de la companya de la companya La companya de la co	or Burgaring of Algeric Cale
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)		1 ' 1		

SCHEDULE 11 PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	Number				
					·
Full Name of Cor	Krlintor History			Date (MM/DD/YYYY) S	
House'll Services Services Services	Street Address			Date [MM/DD/YYY/] \$	
City, and the city of the city		State 1074 UEIB	Zip Code	Date (MM/DB/YYYY) 5	
Carrie de la Carrie Car	nundunum Lagrandari kalendari kalendari				
Full Name of Con				Date [MM/DD/YYYY] ; \$	
House # Suppose Suppose	Street Address	KIRADAN MANAKSIMIAN	BANK SCHOOL SHE WAS CHARLES THAN SCHOOL SHE	Date [MN//DD/YYW]: \$	
City	melbution	State	Zip Gode,	Date [MM/DD/XY/M] \$	
	reputor 12-14-14 13-14-14			Opte (MM/Ido/MXXV) S	
Hause # and the second	Street Address			Date [MM/DE/XXXI] \$	
City 1114 1124 Description of So		State 137,011 11,700	Zib Code	Date [MM/DD/YYYY] S.	
	in Protein of their excits				
Full Name of Con	telautore al abeta di pun tegal di			Date [MM/DD/XYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Ship Late Description of Fa	e de la com	State	Zip Gede	Date [MM/DD/YYYY] S	
	沙里科斯 伊斯萨森斯				
Full Name of Con				pak (MM/DD/41M/)	
Henrick # Fried Barris Red C Barris Captage of	Street Address		ANGEREE AND THE SHEET AND THE	Date [MM/bb/YYYY] \$	
City (1) Line (1) Charles Description of Co	507[B]111666-24-918-918-24-2-918	State:	Zip Code	Date (MM/DD/MM) \$	
P. G. S. Stranger					

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Number:			
	"		
Full Name of Contributor			-Date(MM/DG/YYYY)
10 10 10 10 10 10 10 10 10 10 10 10 10 1	St Address		Plate (MM/QID/YYYY) 5
(Pro	State 11.314	Zip Code (†) 14. sprint fra 18. sprint fra	Date [MM/OD/YYYV] iii 5
Employer Name			Occupation =
Employer Mailing Address, Place of Business	Principal		Description : of Contribution:
Full Name of contributors			EDEXE IMIN/DID/AYAY) PARTE IS
经 等的 基本	i Address		Date [MM/DD/YXXY] 5
GIBY.	State ###	Zip Code	Date [MIN/DD/YYYY] \$
Employer Name	heritali iki b		9cctipation
Employer Mailing Address / Place of Business	Principal		Description of Contribution
Full Name of Confir butor			Date (MM/DD/XXXI)
	f.Address		Date (MM/DD/YYYY) \$
Clay Land	State	Zip Code	Date (MM/DB/NYXY) 5
Employer Name	nating particular		Octupation
Employer Mailing Address / Place of Business	Principal (1)		Description of Contribution
Eviliname of contributors			Date [MM/DD/YYYY]
House # Stree	Address		Date [MW/DB/YYYY] \$
City 100 100 100	State	Zlp Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Place of Business	Principal		Description : : : :of:

Statement of Expenditures

Piler identification Number		

FAIRVIEW PARKS + REC AUTHORITY	9-17-19 300
House# 7471 Street Address 7471 McCRAY RP	Description of Expenditore
FAIRVIELL State PA Code 16415	PROPERTY RESITAL FOR
TOWADON PAID WEGMANS	9-26-19 5-8,66
HOUSE # 5028 Street Address W RIDGE RD	Description of Expenditure
	FOOD FOR FUNDRAISE
DESANTIS SIGNS	9-20-19 579.84
House# 540 Street Address W 18 5T	Description of Expenditure
Clity ERIE State PA Code 16562	Election Signs
Co Whom Palci	Dage (MM/ADD/Ye/ye)
House # Street Address	Description of Expenditure
City Code	
cownen Paid	Date [MIM/DD/MYYY] : \$
House # Street Address	Description of Expenditure
City: State Zip Gode:	
rawhon Palasis	Pate (MM/DD/YYYY) (1 &
House # Street Address	Description of Expenditure
Cify Code	
To Whom Paid: 1	Date [VIM/D0/V/AX] \$
House # Street Address	Description of Expanditure
City State: Zip Code Code	Alloca de la companya
(rowhom Paid)	Date (MM/DD/YYYY) (\$
HDUSE # Street Address	Description of Expenditure
City State Zip Code (1)	
7.0.00000000000000000000000000000000000	

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.

		n to itemize an unpaid debts and	obligations which a	ire outstanding at th	e end of the reporting period.
Filer Ide	ntification Numbe				
		41.			Outstanding Balance of Debt
House (S E	reet Address		DATE DEBT INCURRED. [MM/DD/YYYY]	indi se. Malaya
City					
1949		**************************************	State	Zip Code	
Descrip	tion of Debt				
Name 6	f Creditor				Cursiancing Salance of Debt
House #	5	reet, Address		ATEDER NEURRED	3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		edopolea (m. 1914) Martinos pelo porto	in the state of th	[KRW/DO/XYKY]	B. 64 (074.6) 45.64 (
City			State	Zip Code	
Descrip	ion of Debt				
Name o	Greditor -)A PADERT NEURGED	Gutstanding Balance of Debt
10030	3	reet Address		[MM/DD/YYYY]	
City	hile of the state		State :	Zip Cede	(A).
	ion of Debra 4				
	Creditor				Outstanding Balance of Debt
Houseff	S	reet Address		ATE DEBT INCURRED	neu-gr. 14-14-15-
		Targeta (1200)	O construction of the cons		
City			Stafe	Zip Çode	Mi
	ion of Debt。 过去分子。				
	Creditor				Outstanding Balance of Debt
House #	S	reet Address	Dap.	ATE DEBT INCURRED	
				[MM/DD/YYYY]	
City	6000000		State	Zip: ⊮Code ⊹	
Descript	on of Debt			(18016 C)	
	Creditor				Kenstanding sagnerale allama
House #		ea Addres		ATE DEBT INCURRED	
		CEL PLUCIOS STATE CLEARING STATE CONTROL OF THE STATE CONTROL OF THE S		[MM/DD/YYYY]	
Gity	PERMITTED A		State		
		<u> </u>		Zip Code	
Descript	ion of Debt				