Commonwealth of Pennsylvania

Campaign Finance Report

300539

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

City: EF TYPE OF REPORT PRE (place X to the right of report type) AN	THE GENER THE GENER	1. 4. 7. X e: AL ASSE MO 6 Last Rep nd Receip ines A an	2ND FRID/PRIMARY 2ND FRIDA 2ND FRIDA ELECTION Year 2018 MBLY DAY 5 Port pts (From S	AY PRE-	70	30 D PRIM	State: AY ARY TION TION CHECK DATE O	DAY DAY DAY 31	YEAR 200 1427.9	018 (18 095) 40	PAPER District Number SEE INS	MENT ATION Office Code STH TRUCTIO	6508 Yes Yes Part Code DEM ONS FOR CO	DISK ODES)	County Code 25
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TYPE OF REPORT (place X to the right of report type) Name of Office Sought REPRESENTATIVE IN Summary of Receip Expenditures from: A. Amount Brought Fo B. Total Monetary Con C. Total Funds Available D. Total Expenditures E. Ending Cash Balance F. Value Of In-Kind Con J. Unpaid Debts And Ob RT I - If this is a Commiswear (or affirm) that this irrect and complete.	TUESDAY E-PRIMARY TUESDAY E-ECTION NUAL PORT by Candidate THE GENER Ots and orward From tributions Ar le (Sum Of L (From Schede	4. 7. X e: AL ASSE MO 6 Last Rep nd Receip ines A an	PRIMARY 2ND FRIDA ELECTION Year 2018 MBLY DAY 5 oort oort ots (From S	AY PRE-	TO	30.D. 30.D. \$	AY AY TION NG METI CHECK DATE O 40	POST- POST- POST- PODE PONE PAY 6	6. YEAR 20 1427.9 4131.	018 (0 018) 018)	AMEND REPORT TERMIN REPORT PAPER District Number 2	MENT ATION Office Code STH TRUCTIO	Yes Yes Part Code DEM INS FOR CO	DISK ODES)	County Code
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F. Value Of In-Kind Con i. Unpaid Debts And Ob RT I - If this is a Comn swear (or affirm) that this street and complete.		ine D Fro				\$			2703,4	45				دے	L '
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rrect and complete.	iligations (Fr	rom scne	edule IV)			\$			0.0) OC				<u></u>	
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II- If this is a report (of a candidat	te's auth	orized Com	mitta	أع أنا أنا	200	hints 200	2. 20°4	V. 10-44	7	11/14 1 - A	Z 192		· No. 4	
wear (or affirm) that to th D) as amended.									any prov	/islons	of the a	ict of Jun	ne 3,1937	(P.L. 1	333, No
orn to and subscribed before day of	re me thìs								<u>.</u>	Siç	nature (of Candid	date		
		20	 ;		_			-			Drink	ad Name	. "		
Sommission Expires	Signature										Email				
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CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	g Period		· · · · · · · · · · · · · · · · · · ·
BRENEMAN, JAY A	From:	6/5	/2018 To:	12/31/2018
. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	7 3.6[15]	, estimation of the contract o		
TOTAL for the Reporting	Period	(1)	\$	0.00
. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)			AND	T. S.
Contributions Received From Political Committees (Part A)		· · · · · · · · · · · · · · · · · · ·	\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
Contributions Received Over \$250.00 (From Part C and Part D) Contributions Received From Political Committees (Part C)	受性を見る		\$	0.00
All Other Contributions (Part D)	 -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	4,131,40
TOTAL for the Reporting P	eriod	(3)	\$	4,131.40
Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)	i kin iya	ar eg megan Til ang mesan		
TOTAL for the Reporting P	eriod	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add and cotols from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page	enter amo	unt	\$	4,131.40

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.

Name of Filing Commit	tee or Candidate		Reporting Period							
13 13			From:		То	:				
				DATE			AMOUNT			
Full Name of Contributing	Committee		МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								
<u>-</u> .				l						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL 0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Commi	ittee or Candidate		Reporting Period							
			From:	To:						
			DATE		AMOUNT					
Full Name of Contributo			MO DAY	YEAR						
Malling Address				\$	0.00					
City	State	Zip Code (Plus 4)								
		Lance			PAGE TOTAL					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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0.00

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee	or Candidate		Reporting Period					
		I	From:			То:		
				DA	TE		P	MOUNT
Full Name of Contributing	Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Par	t C on Schedule I, Detaile	ed Summary Pa	ige, Sectio	on 3,			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing C	ame of Filing Committee or Candidate					ing Pe	riod			
BRENEMAN, JAY	/ A				From:		6/5/2	:018 To);	12/31/2018
				•		D/	\TE		A	MOUNT
Full Name of Con Jay Breneman	tributor				1.0	5	DAY	YEAR	And the second s	
Mailing Address	4118 State St						31	2010	\$	4,131.40
City Erie		State PA		Zip Code (Plus 4) 16508)	12	31	2018		
Employer Name	Strategy Solutions,	Inc.			0	ccupat	lon C	Consulta	nt	
Employer Malling Business	Address/Principal Pl	ace of		City	I		State		Zip Cod	ie (Plus 4)
8425 Peach St				Erie			PA		16509	
Enter Grand To	tal of Part C on Sch	nedule I, Detal	lled Sum	mary Page, Se	ection :	3.				4,131,40

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.

Name of Filing Committee o	r Candidate		Repoi	rting Perio	bc			
	•		From	:		To:		
				D	ATE		ОМА	UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (i	Plus 4)		i			·
Receipt Description				-				
	- Selected T Sebelled	I Comment Dags	Castion	. 4			PAGE	TOTAL
Enter Grand Total of Part E	on schedule 1, Detailed	i Summary Page,	Section	· •••			\$	0.00

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

Name of Filing Committee or Candidate	Reportin	g Period	
BRENEMAN, JAY A	From:	6/5/2018	To: <u>12/31/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRI	BUTOR	
TOTAL for the Reporting Pe	riod ((1)	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TP 1		
TOTAL for the Reporting Pe	rlod ((2)	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod ((3)	1,371.22
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (, amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, I		ter \$	1,371.22

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee of	r Candidate		Reporting			
	•		From:		To:	
				DATE		AMOUNT
Full Name of Contributor			МО	DAY	YEAR	
Malling Address	· · · · · · · · · · · · · · · · · · ·	,, ,, <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>			\$	0.00
City	State	Zíp Code (Plus 4)	7			
Description of Contribution:				<u> </u>	<u> </u>	
Enter Grand Total of Part Section 2.	F on Schedule II, In-Kin	d Contributions Deta	iled Sumr	nary Page,	P	AGE TOTAL
					\$	0.00

SCHEDULE II PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	me of Filing Committee or Candidate									
BRENEMAN, JAY A					Fro	m:	<u>6/5/20</u> :	18 To: <u>12/31/2018</u>		
							DATE		AMOUNT	
Full Name of Contributor Lawrence M. Otter						МО	DAY	YEAR		
Mailing Address PO Box 575		,							\$ 661.19	
City Silverdale	State PA		Zip Code(F 18962	ius 4)		11	13	2018		
Employer of Contributor Self-Employed Employer Mailing Address (Bringing) Place of Since State										
Employer Mailing Address/Principal Place of City State Business				State		Zip 4)	Code(Plus	Descri	ption of Contribution	
PO Box 575		Silverd	ale	PA		189	962	¹ primar	iefense debt from y petition challenge by Bob Merski	
Full Name of Contributor Friends of Jay Breneman						МО	DAY	YEAR		
Mailing Address PO Box 282			***						\$ 710.03	
City Erie	State PA		Zip Code(F 16512	'lus 4)		7	9	2018		
Employer of Contributor Friends of J	ay Brenema	an				Occupa	tion P	AC		
Employer Mailing Address/Principal Plac Business	e of	City		State	1	Zip 4)	Code(Plus	Descri	ption of Contribution	
PO Box 282		Erie		PA		165	512	' primar	lefense debt from y petition cha ll enge by Bob Merski	
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, I	n-Kind (Contributio	ons Det	aile	d			PAGE TOTAL 1,371.22	

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Reporting Period						
BRENEMAN, JAY A			From	<u>6/</u>	<u>5/2018</u>	То:	12/31/2018
	· · · ·			DATE			AMOUNT
To Whom Paid Lawrence M. Otter			МО	DAY	YEAR		· - · · ·
Mailing Address PO Box 575			11	13	2018	\$	2,700.00
City Silverdale	State PA	Zip Code (Plus 4) 18962	Legal d	otion of Exp efense del by Bob Me	ot from p		tition challenge
To Whom Paid Jay Breneman	·		МО	DAY	YEAR		
Mailing Address 4118 State	St		7	8	2018	\$	3.45
City Erie	State PA	Zip Code (Plus 4) 16508	_	tion of Exp ution to PA			
Enter Grand Total of Expend	itures on Base 1. Bo	nort Cover Dogo Thom D	· · · · · · · · · · · · · · · · · · ·				PAGE TOTAL