

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		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Friends of Mary Jo Campbell							
Street Address		5431 Linden Ave							
City		Edinboro		State		PA		Zip Code	
								16412	
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		<input type="checkbox"/>	Termination Report		<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only					
		01/23/18	01/31/19						
A. Amount Brought Forward From Last Report		\$	1218.06						
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	375.00						
C. Total Funds Available (Sum of Lines A and B)		\$	1593.06						
D. Total Expenditures (From Schedule III)		\$	680.00						
E. Ending Cash Balance (Subtract Line D from Line C)		\$	913.06						
F. Value of In-Kind Contributions Received (From Schedule II)		\$	15.00						
G. Unpaid Debts and Obligations (From Schedule IV)		\$	898.06						
<div style="display: flex; justify-content: space-between;"> <div> <p>Affidavit Section</p> <p>Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.</p> <p>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.</p> <p>Sworn to and subscribed before me this</p> <p>31 day of January 20 19</p> <p><i>[Signature]</i></p> <p>Signature</p> <p>My Commission expires 4 24 21</p> <p>MO. DAY YR.</p> </div> <div> <p><i>[Signature]</i></p> <p>Signature of Person Submitting report</p> <p>Printed Name</p> <p>814</p> <p>Area Code</p> <p>881-0962</p> <p>Daytime Telephone Number</p> </div> </div>									
<p>Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.</p> <p>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.</p> <p>Sworn to and subscribed before me this</p> <p>day of 20</p> <p>Signature</p> <p>My Commission expires</p> <p>MO. DAY YR.</p> <p>Signature of Candidate</p> <p>Printed Name</p> <p>Area Code</p> <p>Daytime Telephone Number</p>									

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 <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>		\$	

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 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 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 [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:	
------------------------------	--

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									
-----------------------------	--	--	--	--	--	--	--	--	--

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							

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, INTREST 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	
-----------------------------	--

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 RECIEVED

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 \$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)		\$
---	--	----

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

Filer Identification Number:	
------------------------------	--

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					

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					

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					

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					

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					

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
------------------------------	--

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:	
------------------------------	--

To Whom Paid	Friends of Bob Merski	Date [MM/DD/YYYY]	1/25/18	\$	100.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Fundraising Event		
To Whom Paid	ERIE County Democratic Party	Date [MM/DD/YYYY]	1/25/18	\$	100.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Petition Party for Candidates		
To Whom Paid	Committee to Elect DiNicola	Date [MM/DD/YYYY]	4/21/18	\$	150.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Fundraising Party		
To Whom Paid	Erie Crawford Central Labor Council	Date [MM/DD/YYYY]	4/21/18	\$	130.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Political Ad		
To Whom Paid	Carol Wozniak	Date [MM/DD/YYYY]	8/16/18	\$	200.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Band for DiNicola Fundraiser		
To Whom Paid	Northwest Bank Service Charge	Date [MM/DD/YYYY]	9/1/18 - 12/5/18	\$	15.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Service Charge		
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			

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:	
------------------------------	--

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							
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							