Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number 83-3284846	Report Filed E (Mark X)	By Candid	ate	Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		ELECT JASON DE	AN	4		<u>, · · · · · · · · · · · · · · · · · · ·</u>	
Street Address	5454 PEPPERWO	OOD CIRCLE					
City ERIE		State	PA	Zip Code	16506		
ALCO TO THE CONTRACT OF THE CO				Test par	10300		
Type of Report (Place x under report type)							
	4-6 th Tuesday Pre-Election	5- 2 nd Friday Pre- Election		7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
Date Of Election (MM/DD/YYYY)	Year	2020	Amendment Report		Termination Report		
Summary of Receipts and From Date	To Date	<u> </u>		For	Office Use Only		
Expenditures					Office ode Only		
01012020	L]	/31/2020			er i de la		
A. Amount Brought Forward From Last Report		209.42	<u>[</u>				
B. Total Monetary Contributions and Receipts (From Schedule I)		0					
C. Total Funds Available \$ 209.42					·		
(Sum of Lines A and B) D. Total Expenditures \$ 200.42							
(From Schedule III)				Ø			
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0				1.7	
F. Value of In-Kind Contributions Received (From Schedule II)				0.00			
G. Unpaid Debts and Obligations	\$		1		<u>.</u> .	The state of the s	
(From Schedule IV)		0				<u></u>	
Part 1- If this is a Committee report, treasurer sign he	re. If this is a Can	Affidavit Se I didate report, c			<u> </u>	*O	
I swear (or affirm) that this report, including the attac				ge and belief to	rue, correct and comple	te.	
Sworn to and subscribed before me this					all and the second seco	i,)	
31 day of January 20 20	. '1	_			1.0	<u>. 5</u>	
Margi a. Huetek	}-	CH	Signature o HRISTOPHER A. ELW	of Person Subm ELL	nitting report		
Signature NOTARIAL SEAL		_		Printed Nam	e		
MARGIE A. HUSTE My Commission expires Notary Public		81		8338	8545		
Millerek Tŵp. Erië (COUNTY		Area Code	Day	rtime Telephone Numbe	⊇r	
My Commission Expires O Part II- If this is a report of a Candidate's Authorized C	ct 30 2020 committee, candi	idate shall sign h	ere.				
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							
31 day of January 2020	. 1	_		1200	<u> </u>	_	
Marcia a Newter		_	Sign	ature of Candid	fate <u>と</u>		
Signature NOTARIAL			J •	Printed Name			
MARGIE A. I My Commission expires Notary P		_{	<u> </u>	{	333 4762	<u>.</u>	
My Commission expires Notary P MCMILLCREEK TWP. My Commission Exp			Area Code	Dayt	ime Telephone Number	•	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	1.74	
	- 1	
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)	\$	0
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)	\$	0
All Other Contributions (Part D)	\$	
Total for the reporting period (3)) \$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Total for the reporting period (4)) \$	0
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.

iner identification	The state of the s				
	····		· · · · · · · · · · · · · · · · · · ·		Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing	•		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address		·	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
VENT STATE					
Full Name of Co	ontributing	-		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address		· · · · · ·	Date [MM/DD/YYYY]	\$
City	• •	State	Zip Code	Date [MM/DD/YYYY]	\$
					1 1
Full Name of Co	ntributing	!!		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					- .
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
				<u> </u>	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		J			
Full Name of Co	ntributing	1 1 1 1 1		Date [MM/DD/YYYY]	\$
Committee					
House #	puse# Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			t e		6 . 8 3
1		The state of the s	1: 1	1	1 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.)

Filer Identificatio	on Number: 83-3284846		·		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address	·		Date [MM/DD/YYYY] \$	
City	■ 16 等等性、大学総合ではなった。	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
	State of the state				
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	- Interpretation of	Programme general and	Date [MM/DD/YYYY] \$	
House #	Street/Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		-		*************************************	
Full Name of Co	ontributor	Pyrotec	Harris and the second	Date [MM/DD/YYYY] \$	
				03/06/2019	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	(基文學/整/學/A)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	- Killing Street	Licinomeronomo estre e e	Date [MM/DD/YYYY] \$	
				03/06/2019	
House #	Street Address			Date [MM/DD/YYYY] \$	

Zip Code

State

City

Date [MM/DD/YYYY]

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

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

Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Addre	ess		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee		100 processors	Date [MM/DD/YYYY] \$	
*House#	Street Addre	ass		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				Date (Internal of the Control of the	ļ
Full Name of		Provide property	anti yan ito ang yang ununin	Date [MM/DD/YYYY] \$	
Contributing Co	/mmittee				ı
House #	Street Addre	ess		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	<i>y</i> mmittee			Date [MM/DD/YYYY] \$	
House #	Street Addres			Date [MM/DD/YYYY] \$	
100					
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ımmittee	to the second	E ver	Date [MM/DD/YYYY] 5	
House #	Street Addres			Date [MM/DD/YYYY] \$	
			·		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee	1 25 2	Professional Con-	Date [MM/DD/YYYY] \$	
House #	Street Addres	SS		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 Contribu	itor			Date [MM/DD/YYYY]	*
ng ang situ ng kalangan Masang situ ng kalangan					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Employer Name		Temphadama	A Miles of the control of the contro	Occupation	····
Employer Mailing Add Principal Place of Busi	iress / ness			Paragraph and the state of the	
Full Name of Contribu	tor			Date [MM/DD/YYYY]	
House #	lea				
nouse #	Street Address			Date [MM/DD/YYYY] ;	
City		State	Zip Code	Date [MM/DD/YYYY]	
Employer Name				Occupation	· 9
Employer Mailing Add Principal Place of Busi				Post American services	
Full Name of Contribu	tor		···	Date [MM/DD/YYYY]	4
House #	Street Address			Date [MM/DD/YYYY]	
		Ner wal	Lense, i ex l		
City		State	Zip Code	Date [MM/DD/YYYY] \$	% %
Employer Name			· · · · · · · · · · · · · · · · · · ·	Occupation	
Employer Mailing Add Principal Place of Bush					
Full Name of Contribu	tor		"	Date [MM/DD/YYYY] \$	
House #	Street Address	***		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		88993937 C -5	Bookstage staged	Occupation	<u> </u>
Employer Mailing Add Principal Place of Busin				Spokes guidant gad	<u> </u>

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 Num	ber:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>	Clay reserves the	1 199004
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Par Superior I	1: 3
Full Name				
House#	Street Address			-
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		See Section and		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		# # # # # # # # # # # # # # # # # # #	Even and services	10.001
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			I Control Control	1
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 CONTR	DEITIONIC DECEMBED 1/A	LIFO CO OD SECONDO CONTRIBUTOS	
TOTAL for the reporting period	(1)	UE OF \$50.00 OR LESS PER CONTRIBUTOR	
IN-KIND CONTRIBUTIONS RECURS TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	(3)	.00 (FROM PARTIG)	
TOTAL VALUE OF IN KIND CONTRIBUTE	DISCOURING THE DEPO	STING LA L	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for page 1, Report Cover Page, Item F)		1 ' [

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identificatio	n Number:				
<u>.</u>					
Full Name of Co	ontributor			Date [MM/DD/YYYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City.		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of 0	Contribution				
Full Name of Co	ontributor	in the second se		Date [MM/DD/YYYY] \$	
House#	Street Address		<u> </u>	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	Contribution				
Full Name of Co	entributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY]. \$	
Description of C	Contribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	12 m. ne 20 m. e44 m. 1988 1	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
Full Name of Contributor		Date [MM/DD/YYYY]
House # Street/Addre	195	Date [MM/DD/YYYY] \$3
and the second		
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		
Employer Malling Address/ Princip		Occupation.
Place of Business		Description of
Full Name of Contributor		Contribution
		Date [MM/DD/YYYY) \$
House # Street Addres	5	Date [MM/DD/XXYY]
agy	State Zip Code	Date (MM/00/YYYY) s
Employer Name		Occupation
Employer Mailing Address / Principa Place of Business		Description of
		Contribution
Full Name of Contributor		Date (MM/DD/MYY)
House # Street Address		Date (MM/DD/XYYY) \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	3	Occupation
Employer Mailing Address / Principa Place of Business		Description of
ACCEPTANT ROLL OF THE PARTY OF		Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House# Street Address		Data (MM/DD/XYYY)
City	State Zip Code	Date (MM/DD/YYYY) \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution

SCHEDULE III Statement of Expenditures

Filer Identification Number: 83-3284	846

To Whom Paid	MALONEY BEED COA	ADDITTLE COMMONNY II D		Date [MM/DD/YYYY] \$	2 200 42
		ARPITTI & COMPANY, LLP		01/30/2020	209.42
House # 3703	Street Address Wi	EST 26TH STREET		Description of Expenditure	
City ERIE	PS 10 10 60 ST Transfer at the st	State PA	Zip Code 16506	ACCOUNTING	
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	Phi Managarana	State	Zip Code	The State of the Assessment of	
To Whom Paid		,		Date [MM/DD/YYYY] // \$	
House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	Action to a select
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		
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		
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 Deb	t'	·	
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	-
Description of Deb			PSS
Name of Creditor		W	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City (Section of the section of the sec		State Zip Code	
Description of Deb			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	, DATE DEBT INCURRED [MM/DD/YYYY]	
City	127	State Zip Code	
Description of Debi			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			Example.
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip	
Description of Debt		Code	