Reset Form



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

Filer Identification 9800273			Report Filed By (Mark X)		Candidate		Committee		X	Lobby	ist			
Name of Filing Committee, Candidate or Lobbyist				Erie County Democratic Party PAC										
Street Address					P.O. Box 1184									
City Erie							State	PA		Zip Code	Zip Code 16512			
Type of Report (Place x	under	report ty	pe)				•							
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Primary						^{ed} Friday 6-30 Day P - Election Election		-	7- Annual	Special 2 nd Friday Pre-Election		Special 30 Day Post-Election		
										X				
Date Of Election (MM/DD/YYYY)				Year				Amer Repo	idment rt		Terminat Report	tion		
Summary of Receipts a	ınd	From D	ate		To Da	e				For	Office Use	Only	•	
Expenditures	Expenditures 01/01/2019				1:	2/31/20	019	22						
A. Amount Brought Fo	rward F							2020 Jan						
B. Total Monetary Con (From Schedule I)		ns and R	eceipts	600.00			24							
C. Total Funds Availabl (Sum of Lines A and B)				1	\$	984.2	5							
D. Total Expenditures		10 10 10 10 10 10 10 10 10 10 10 10 10 1			\$	600.0	n							
(From Schedule III) E. Ending Cash Balance		· · · · · · · · · · · · · · · · · · ·	 	600.00										
(Subtract Line D from L	ine C)	<u> </u>		384.25							* 1	e Care		
F. Value of In-Kind Contributions Received (From Schedule II)					0.00									,
G. Unpaid Debts and Obligations (From Schedule IV)				0.00										
Part 1- If this is a Committ	oo ranar	t trascura	reign h	ara If	this is a Ca		Affidavit So		eian hara				· · ·	
I swear (or affirm) that this										ge and belief t	rue, correct a	and comple	te.	
Sworn to and subscribed b			^					M		lost		-		
	Jom gay of January 20 20					Signature of Person Submitting report								
1 Limberry	· W/	V Edmn	onweal	ith of Pennsy vania - Notary Seal ly A. Wertz, Notary Public					Signature of Person Submitting report Printed Name					
				Erie County sion expires November 3, 2022				814 825-5154						
MO, DAY CONYRO				nission number 1228741 Are					rea Code Daytime Telephone Number					
Member, Pennsylvania Association of Notaries														
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														
							Signature of Candidate							
Signature					.			Printed Name						
My Commission expires MO. DAY YR.				_			-	Area Code		Day	time Telepho	ne Number	.	

SCHEDULE 1 Contributions and Receipts

Detailed Summary Page

Filer Identification Number 9800273		

1,Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	8	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	
All Other Contributions (Part B)	8	
Total for the reporting period (2)	8	
3. Contributions Over \$ 250.00 (From Part C and Part D)	<u> </u>	
Contributions Received from Political Committees (Part C)	\$	600.00
All Other Contributions (Part D)	8	
Total for the reporting period (3)	8	600.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	

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 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.

	9800273					
Full Name of				Date [MM/DD/YYYY]	8	4
Contributing Co	ommittee Erie Cour	nty Democratic Party	ý	10/31/2019	1	300.00
House #	Street Address	()		Date [MM/DD/YYYY]	\$	
		P.O. Box 1184		11/22/2019		300.00
City Erie	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	8	Š.
a Magazia		PA	16512		1_	<u></u>
Full Name of Contributing Co	ammittee			Date [MM/DD/YYYY]		
House #	Street Address	ss		Date [MM/DD/YYYY]	8	
City		State	Zip Code	Date [MM/DD/YYYY]	8	
					12	1
Full Name of Contributing Co	>mmittee			Date [MM/DD/YYYY]		
House #	Street Address	S		Date [MM/DD/YYYY]	8	
City	<u>l </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee	Pro · · ·		Date [MM/DD/YYYY]	- 3	
House #	Street Address	S		Date [MM/DD/YYYY]	8:	
City	Maria Region	State	Zip Code	Date [MM/DD/YYYY]		
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Co.						1
House #	Street Address	\$		Date [MM/DD/YYYY]	\$	
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Cor	mmittee	Ii	a di si ji ji isamu t	Date [MM/DD/YYYY]	3	
House #	Street Address			Date [MM/DD/YYYY]	3	
City		State	Zip Code	Date [MM/DD/YYYY]	8	
						I

Statement of Expenditures

Filer Identification Number:	
9	9800273
Long the said back a serie to the con-	

To Whom Paid		· · · · ·			Date [MM/DD/YYYY] \$
	Committee to Elec			ge	10/31/2019 600.00
House #	Street Address	P.O. Box 84	115		Description of Expenditure
City Erie		State PA Zip 16505			campaign contribution
To Whom Paid	unita v st	h: G		1 Same 1	Date [MM/DD/YYYY] \$
House#	Street Address	<u>. </u>			Description of Expenditure
City	<u> </u>	State		Zip	
To Whom Paid				Code	Date [MM/DD/YYYY] \$
	11) SVS				Dave (min/ DD/), 1313
House #	Street Address				Description of Expenditure
City		State		Zip Code	The control of the co
To Whom Paid		***************************************		A STATE OF THE STA	Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City		State		Zip Code	
To Whom Paid		1 4 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	· ·	to the property of	Date [MM/DD/YYYY] \$
House #	Street Address		.,	*	Description of Expenditure
City	Properties on special and	State		Zip Code	
To Whom Paid				The American	Date [MM/DD/YYYY] \$
House #	Street Address		-		Description of Expenditure
City	1 () () () () () () () () () (State		Zip Code	
To Whom Paid	等 (1)		· · · · · · · · · · · · · · · · · · ·	Lagran Tage 1	Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City		State		Zip Code	
To Whom Paid				15	Date [MM/DD/YYYY] 8
House #	Street Address				Description of Expenditure
City		State		Zip Code	