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

Filer Identification 9800273 Report Filed By Candi	date Committee L Lobbyist				
Name of Filing Committee, Candidate or Erie Coun	ty Denocratic Party PAC				
Street Address $\rho$ . 0. $\rho$ . 80 $\times$	1124				
City Erie State	PA Zip Code 16512				
Type of Report (Place x under report type)	CS (************************************				
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post 4-6 <sup>th</sup> Tuesday 5-2 <sup>nd</sup> Frida Pre-Primary Primary Pre-Election Pre-Election					
Date Of Election Year (MM/DD/YYYY)	Amendment Termination Report Report				
Summary of Receipts and From Date To Date  Expenditures 01/01/18 12/31/18	For Office Use Only				
A. Amount Brought Forward From Last Report \$ 384.25					
B. Total Monetary Contributions and Receipts \$ 2000,00					
C. Total Funds Available \$ 2384.25					
D. Total Expenditures S 2090.00					
E. Endling Cash Balance (Subtract Line D from Line C)  \$ 384. 25	55				
F. Value of In-Kind Contributions Received \$	The second secon				
(From Schedule II)  G. Unpaid Debts and Obligations  (From Schedule IV)					
Affidavit :	· · · · · · · · · · · · · · · · · · ·				
Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, I swear (or affirm) that this report, including the attached schedules on paper, is to the					
Sworn to and subscribed before me this	- 9/ ASI				
day of WWW 4 Commonwealth of Pennsylvania - Notary S Kimberly A. Wertz, Notary Public	eal Signature of Person Submitting report				
Signature My commission expires November 3, 20	Printed Name				
My Commission expires Member /					
MO. DAY YR.	Area Code Daytime Telephone Number				
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 of20	Signature of Candidate				
Signature	Printed Name				
My Commission expires	1 HISEM HAINE				
MO. DAY YR.	Area Code Daytime Telephone Number				

### SCHEDULE I

## **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)	\$
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)	\$ 2,000
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$ 2,000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 2,000
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.

Filer Identification N	lumber 9800273				
					Amount
Full Name of Cont Committee	ributing				\$
House #	Street Address			The state of the s	\$
City		State	Zip Code	C S V C N SAMPLE A TONG V B S V A V C V C V C V C V C V C V C V C V C	\$
Full Name of Cont Committee				en bedeutsche george Phartica production of passes and passes and an extension of the control of	\$
House #	Street Address		Esternization specification reconst	14.14.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	\$
City Full Name of Cont	ibutino	State	Zip Code		\$   
Committee  House #	Street Address			20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<b>.</b>
city	- Nock-Daviess	State	Zip Code		<b>.</b>
Full Name of Cont	ributing			Control of the Contro	<b>7</b>
Committee House #	Street Address			The property of the description of the state	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY]	\$ :
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
eiy		State	Zip Code		5
Full Name of Cont Committee					\$
House #	Street Address	Di Cardonaria			\$
City		State	Zip Code	Date [MM/DD/YYYY] ;	<b>5</b>

#### 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: 9800273	

Full Name of Contributor			Date [WM/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)	<b>\$</b> .
House # Street Address			Date (MM/DD/YYYY)	13
City	State	Zip Code	Date [MM/DD/YYYY]	\$ The state of the
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]	8
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]	<b>\$</b>
CITY.	State	Zip Code	Date (MM/DD/YYYY)	<b>\$</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.

	3800273			
Full Name of			Date [MM/DD/YYYY]	
	Erie Insurance PAC		11/02/2018	2,000
	et Address		Date [MM/DD/YYYY]	\$ .
100	Erie Insurance PAC	<u> </u>		
City Erie	State PA	Zip Code 16530	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Stre	et Address		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	Province sures reserv	HUSEACEROMENT	Date [MM/DD/YYYY]	
House # Stre	et Address		Date [MM/DD/YYYY] = \$	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street	et Address		Date [MM/DD/YYYY] \$	5
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	With the state of	631000000000000000000000000000000000000	Date [MM/DD/YYYY] \$	
House # Stre	et Address	<u> </u>	Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	•
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	et 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:	9800273			
Full Name of Contributor	##		Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/1111]	
House# Str.	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
64-48 B		Processor of the second		
Employer Name	ender og en skiller Stærke og en skiller		Occupation	
Employer Malling Address Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Stre	eet 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 # Stre	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	Programme on the second	PLACE THE SPECIAL SECURIOR SEC	Occupation	
Employer Mailing Address Principal Place of Business			Service restauration and articles and	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	ara a di di dia dia		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 Num				a pro-experience of the were retained to the	
Full Name					
House # .	Street Address				
City E		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description					
Full Name	14.				,
House #	Street Address			, man	
City		State	Z(p Code	Date [MM/DD/YYYY] \$	
Receipt Description					
Full Name					
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]   \$	
Receipt Description	žinios Edga		N.S. C. A.S. S.		
Full Name	14. a.				
House #	Street Address				
		State.	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description			•	,	
Full Name					
House #	Street Address				
City	The second of th	State	Zip Code	Date [MM/DD/YYYY] 5	
Receipt Description		Economica de calenda companya	belone above as sensor a validar control.		
Full Name	enes Lines				
House #	Street Address				
City  Receipt Description		State	Zip Code	Date [MM/DD/YYYY] \$	
					į

#### 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: 9800273	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VAL	LUE OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2: IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01	A TO \$250 DO (FROM PART F)
TOTAL for the reporting period (2)	. \$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250	0.00 (FROM PART G)
TOTAL for the reporting period (3)	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPOR PERIOD (Add and enter amount totals from boxes 1, 2, and 3; al on Page 1, Report Cover Page, Item F)	

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

f Dias Manyleication Blumbon II	
Filer Identification Number:	
0000070	
9800273	
[ J000Z1 J	

Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<b>5</b>
City	Property and the control of the cont	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution			J	<u>—</u>
Full Name of Contribu	tor	•		Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City	FOR THE PARTY AND THE REPORT OF THE PARTY AND THE PARTY AN	State	Zip Code	Date [MM/DD/YYYY]	\$ <u> </u>
Description of Contrib	oution			<u>l</u>	<u> </u>
Full Name of Contribu				Date [MM/DD/YYYY]	\$
	1799 S Sq. 17				
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution		The second are account as the control of the contro	l Bar	
Full Name of Contribu	tor		***	Date [MM/DD/YYYY]	<b>3</b>
House #	Street Address			Date [MM/DD/YYYY]	
City	poco de contra contractamento de contracto de Spanie de contracto de la contracto de contracto d	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution				
Full Name of Contribu				Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	necessary was a reconstruction of the second	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	ution		Activities and Section 2 of Consequence 2	\$2.00 -	

#### SCHEDULE II Part G

### **In-Kind Contributions Received**

**VALUE OVER \$250** 

filer Identification Number: 9800273			

· · · · · · · · · · · · · · · · · · ·	<u> </u>	
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	NASSWITCH TO THE PROPERTY OF T	Occupation
Employer Mailing Address / Principal		Description
Place of Business	·	of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Gode	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] \$
©(ty	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business	·	Description of Contribution

# Statement of Expenditures

Eller Montification Number 1	
rnei jaenancation aunioet.	
Filer Identification Number: 9800273	
19000273	

To Whom Paid	Erie County Democra	tic Party		Date [MM/DD/YYYY] 11/06/2018	2,000
House # 1305	Street Address St	ate St		Description of Expendi	ture
City Erie		State PA	2ip Code 16501	Election Night Party	
To Whom Paid			·	Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	üre
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure and the state of the state
City		State	Zip Code		
To Whom Pald	**			Date [MM/bb/yyyy)	\$
House #	Street Address			Description of Expendit	ure
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditi	ure
City		State	Zip Code		
To Whom Paid			_	Date [MM/DD/YYYY]	\$
House #	Street Address		ENDA VA VIDEZ ANDRE E RESENON VA VANO	Description of Expenditu	Jre
Gity.		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	*
House #	Street Address			Description of Expenditu	ire.
City		State	Zip Code	10.40	
To Whom Paid	·			Date [MM/DD/YYYY]	<b>3</b> .
	Street Address	1383 s. m. m. s. m.		Description of Expenditu	ire
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; 9800273		

Name of Creditor	0	utstanding Balance of Debt
	eet Address DATE DEBT INCURRED \$ [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		
Name of Creditor		utstanding Balance of Debt
House # Stre	eet Address  DATE DEBT INCURRED  [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt	FORMATSCOOLEGERY   Provident anticipation (1) thereof   Provident anticipation (1) thereof	
Name of Creditor		utstanding Balance of Debt
House # Stre	PATE DEBT INCURRED \$  [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		
Name of Creditor		utstanding Balance of Debt
House # Stre	eet Address DATE DEBT INCURRED \$ [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		
Name of Creditor		itstanding Balance of Debt
House # Stre	eet Address DATE DEBT INCURRED \$ [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		
Name of Creditor		tstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED \$ [MM/DD/YYYY]	
City	State Zip Cone	
Description of Debt	Programmer desired (T)	