Commonwealth of Pennsylvania



Campaign Finance Report

318965

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

Filer Identifica Number :	tlon	790	0315			epot led (t By :	CAND	DATE		Mittee La mili	4	LOB	BYIST	
Name of Filing	Commit	tee, Candid	late or L	obbylst:	ER	IE C	O RE	COM	A LANCAS SI	302 100 1	45.85 0014.45.	٠.		2000	
Street Address:	PO	BOX 1144	ļ												
City:	ER	ie .						State:	PA		Zip Co	ie: 1	5512-1	.144	
TYPE OF REPORT	6TH TU PRE-PR	ESDAY IMARY	1,	2ND FRIDAY PRIMARY	PRE-	2.	30 D PRIM	AY ARY	OST- 3.	·	AMENDA REPORT	IENT	Yes	No	~
(place X to the right of	FRE-EL	ESDAY ECTION	4.	ZND FRIDAY ELECTION	PRE	5.	30 D	AY T TION	OST- 6.		TERMIN REPORT		Yes	No	V
report type)	ANNUA	L REPORT	7. X	Year 2019			71LI (())	NG METHO CHECK O	D VE		PAPER		/	DISKE	TE
Name of Office S	Sought I	y Candida	te:		•		433.22	DATE O	F ELECTI	ON	District Number	Office	Par		County Code
								YO ,	DAY.	YEAR (A)		1			
								11	5	2019		(SEE IN	STŔUCTIO	MS FOR C	DES)
Summary of Expenditures	Receip	ts and	MO	e dimensi	YEAR			10	CAY	YEAR	Fo	ROFF	e vse	ONLY	
A. Amount Bro			<u> </u>	1 26	2019		O T	12	31	2019	4			್ತು	
B. Total Monet				<u> </u>	Schedule	1)	\$ \$,409.39 ,493.75	4				
C. Total Funds									-	,903.14	<u> </u>			processed to the second	
D. Total Expend				<u> </u>			\$ \$,903.14 ,922.83				3	
E. Ending Cash	Balance	(Subtract	Line D F	rom Line C)		s s		*	980.31	1				
F. Value Of In-	Kind Cor	ardbutions	Receive	d (From Sci	edule II)	\$			0.00					
G. Unpaid Debt	s And O	bilgations	(From Sc	hedule IV)			\$			0.00		i			
					AFFIDA										
ART: I - If this is I swear (or affirm) correct and comple Sworn to and subse	that this te.	report, inclu	iding the a	attached sche	dules filed ommonwealt Jessica M	h of P I. Bri Erie	ennsylv ink, N Coun	ania - Notary otary Publi ity April 10, 2 er 123250	Seal 23	Signature	of Person	Submitti OY	ng Repo	ort	
My Commission Ex	pires	April	10 DAY		93 Yr			_	SIM~ Area Co	347	Caytime	_		Co >	_
art II- If this is a swear (or affirm) to 320) as amended worn to and subscri	that to ti	e best of my	/ imowied					Comment of the Commen	,		ons of the :		-	17 (P.L. 1	333,
	_							-			Printed	Name			-
y Commission Expir		Signature	· · · · ·					_			Email			·	-
	-	НО	DAY		YR				Area Code		Dav	ime Tel	enhone	Number	-]

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Libutor AL for the Reporting Po	From: eriod	esta despoide	/2019 To:	12/31/201 2,143.7 350.0
AL for the Reporting Po	eriod			2,143.7
	eriod	(1)		in an again an
d Part B)			****	*
		-31111	\$	350.0
				
			*	0.00
L for the Reporting Pe	riod	(2)	\$	350.0
	NGMADO, NGMASIA TREPSESSON AND		A VEDVENSKE ROAS A	
			•	0.00
		.	*	0.00
L for the Reporting Pe	rlod	(3)	\$	0.00
itc . (From Part E)				
for the Reporting Pe	riod	(4)	\$	0.00
ng Period (Add and e	nter amo	unt		2,493.75
	L for the Reporting Period (Add and o	L for the Reporting Period Itc . (From Part E) L for the Reporting Period	L for the Reporting Period (3) Rtc . (From Part E) L for the Reporting Period (4)	\$ L for the Reporting Period (3) \$ Rtc. (From Part E) L for the Reporting Period (4) \$

The work of your

A Committee of the second seco

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.

Name of Filing Committee or Candida	te		Reporting	Period			
ERIE CO REP COM			From:	11/26/2	019 To):	12/31/2019
	<u> </u>			DATE			AMOUNT
Full Name of Contributing Committee DANERI FOR DA Mailing Address PO BOX 344			МО	PAY	year	NA TON	,
City ERIE	State PA	Zip Code (Plus 4) 16512	12	5	2019	\$	100.00
Fuil Name of Contributing Committee BROOKS, MICHELE PEOPLE TO ELECT			МО	DAY	YEAR		
Mailing Address 10575 KONNEYAL	IT TRAIL					\$	250.00
CITY CONNEAUT LAKE	State PA	Zip Code (Plus 4) 16316	12	5	2019		

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

PAGE TOTAL 350.00

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 Committee or C	andidate		Reporting Period						
		l.	From:		To:	Í			
			D	PATE		AMOUNT			
Full Name of Contributor			МО	DAY YE	AR				
Mailing Address					\$	0.00			
City	State	Zip Code (Plus 4)							

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

PAGE TOTAL

\$ 0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or	Candidate	***	Reportin					
			From:			To:		
				DA	TE		AM	OUNT
Full Name of Contributing Co	ommittee			МО	DAY	YEAR		
Mailing Address					120120-22-23-2	I HOUSE ROOM	\$	0.00
City	State	Zip Code	(Plus 4)	•				
		<u> </u>						PAGE TOTAL
Enter Grand Total of Part (C on Schedule I, Detaile	ed Summary Pa	ge, 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 Commit	tea or Candidate		Repor	ting Pe	riod			· •••
			From:	·		То		
				D/	\TE		AMOL	INT
Full Name of Contribute	OF .			MO	DAY	YEAR		
Mailing Address							•	0.00
City	State	Zip Code (Plus 4	1)				:	
Employer Name			0	Occupat	ion		. i	<u>, </u>
Employer Malling Addre Business	ss/Principal Place of	City	.		State		Zip Code (F	lus 4)
Enter Grand Total of	Part C on Schedule I, Detailed	Summary Page, S	ection	3.			PAGE	TOTAL
						\$	·	0.00

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		Repo	rting Peri	od				
			From	‡		To:			
		· · · · · · · · · · · · · · · · · · ·		D	ATE			AMOUN	T
Full Name				МО	DAY	YEAR			
Mailing Address				A STOCKED STOCKED	Hawazanangan) tested to	\$		0.00
City	State	Zip Code (F	lus 4)						
Receipt Description		<u> </u>		<u></u>	<u> </u>				
Enter Grand Total of Part E	on Schedule T. Detailed	Summany Dage	Eaction					PAGE TO	TAL
	on sense and an octanica	· Jummery Page,	3crti01)	7,			\$		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	Reporting Per	lod	
ERIE CO REP COM	From:	11/26/2019 To:	12/31/2019
. Unitemized in-Kind Contributions received - Value of \$50.00 or less p	ER CONTRIBUTO	and the second s	SECTION WE
TOTAL for the Reporting Pe	rlod (1)	\$	0.00
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART			er en
TOTAL for the Reporting Per	rlod (2)	\$	0.00
IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)		en en varen erreken ili ili en ser Nek i ili en	
TOTAL for the Reporting Per	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (A	Add and enter		0.00
amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, It	tem F.)	•	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Ca	ndidate		Reporting	Period		
		ļ	From:		To:	
		<u>'</u>		DATE		AMOUNT
Full Name of Contributor			МО	DAY	EAR	
Mailing Address	· · · · · · · · · · · · · · · · · · ·	-	3001-2000 (1.5533		\$	0.00
City	State	Zip Code (Plus 4)	†			
Description of Contribution:		L	1			
Enter Grand Total of Part F o	n Schedule II, In-Kin	d Contributions Detai	led Sumn	n ary Page,		PAGE TOTAL
	·				\$	0.00

PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Ca	ndidate				Re	porting I	Period				
					Fre	om:		To:			
							DATE	***		AMOUNT	
Full Name of Contributor				·		МО	DAY	YEAR			
Mailing Address		-					Case in the second	oce i rega statisti	•	(0.00
City	State	·	Zip Code(P	lus 4)							
Employer of Contributor	<u> </u>					Occupat	tion		<u> </u>	-în-	
Employer Mailing Address/Princi Business	pal Place of	City		State		Zip 4)	Code(Plus	Descr	iption of	f Contributio	'n
Enter Grand Total of Part G of Summary Page, Section 3.	on Schedule II,	In-Kind	Contributio	ns Dei	talle	d	, (* .			PAGE TOTA	AL 0.00

STATEMENT OF EXPENDITURES

							
Name of Filing Committee or Car	ndidate		Repor	ting Period	}		
ERIE CO REP COM			From	11/	<u>26/2019</u>	To:	1 2/ 31/2019
				DATE			AMOUNT
To Whom Paid			MO	DAY	YEAR		
James Drumm					TEAK	ad de la companya de	
Mailing Address 8343 Edinbor	o Rd		11	27		\$	500.00
City Erie	State	Zip Code (Plus 4)	Bassi			<u> </u>	
	PA	16509	HQ Re	i ption of E x nt	(penaiture	3	
To Whom Paid				IN SUCCES	V CONTRACTOR		
James Drumm			MO	DAY	YEAR		
Mailing Address 8343 Edinboro	o Rd		12	18	2019	\$	500.00
City Erie	State	Zip Code (Plus 4)		<u> </u>	<u> </u>		
	PA	16509	HQ Rei	ption of Ex nt	penditure		
o Whom Paid			MO	DAY	YEAR		
Time Warner Cable							•
falling Address po Box 901			12	31	2019	\$	114.99
City Carol Stream	State	Zip Code (Pius 4)	Descrin	tion of Ex	200413		
	IL	60132	1	t Service	Senaitfile		
o Whom Paid			MÓ	DAY	YEAR		
ime Warner Cable					學的		
ailing Address po Box 901			11	30	2019	\$	114.99
ity Carol Stream	State	Zip Code (Plus 4)	Descrip	tion of Exp		·	
	IL.	60132		: Service	enaiture		
Whom Paid			MO	DAY	YEAR	-	
andra Salmon							
alling Address 5515 Perkins Si	t		12	18	2019	\$	711.85
ty Erie	State	Zip Code (Plus 4)	Descrini	lon of Exp	enditure		
	PA	16509		merchand			
-							

To Whom Paid Printing Concepts			MO D	AY	YEAR		
Mailing Address 4982 Pacific Ave			12	18	2019	\$	981.00
City Erie	Zip Code (Plus 4) 16506	Description n					
Enter Grand Total of Exp	enditures on Page 1, Re	port Cover Page, Item D		· . "		\$	PAGE TOTAL 2,922.83