

Commonwealth of Pennsylvania - Campaign Finance Report

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Filer Identification Number 36-4759048			Report Filed By Car (Mark X)			andida	ate Comm			ommi	ittee			X	Lobb	yist			
Name of Filing Committee, Candidate or Lobbyist			Committe to Elect Jack Lee																
Street Address				8620 Honeysuckle Drive															
City	Erie		<u>I</u>	·· · · · · · · · · · · · · · · · · · ·	•		tate	PA Zip Code			le	16509							
Type of Report (F	Place x under	report type)			•	١.										-			
1-6 th Tuesday	2- 2 nd Friday	3- 30 Day Post	4-61	4-6th Tuesday 5-2nd Frida		ridav	6- 30 Day Post 7- Annual			Special 2 nd Friday		Special 30 Day							
	Pre-Primary	Primary	ı	Electi		Pre- El	-	[tion					_	Ełecti	- 1	-	Electi	
					İ							X							
Date Of Election		4 + 10 = 10 = 10	Yea	r				Am	endm	ent	ÌΤ	1	<u> </u>	Terr	ninat	ion			
(MM/DD/YYYY)		11/05/2013				201	18	Rep	ort		L			Rep	ort	_	l		
Summary of Reco	eipts and	From Date		To	Date								For (Office	Use	Only			
Expenditures		12/30/2017	\dashv		12/	30/2018													
A. Amount Broug	ght Forward F		: :	\$		523.14										(2) (2)	CD CD		
B. Total Monetar (From Schedule I	-	ns and Receipts		\$		0.0										ring Fin	ر روان روان	•	
C. Total Funds Av			+	\$													P-D		
(Sum of Lines A a				523.14													(,,)		
D. Total Expenditures (From Schedule III)				\$ 510.00									:	* **					
E. Ending Cash Balance (Subtract Line D from Line C)			\$	\$ 13.14 <u></u>					+ +		}								
F. Value of In-Kin (From Schedule I			,	3	ţ														İ
G. Unpaid Debts	•		 	3												9	CX		
(From Schedule I																			
Dort 1 léthicis a Co							lavit Se										<u>-</u>		6
Part 1- If this is a Co I swear (or affirm) to											ge ar	nd bel	ief tru	ie, cor	rect a	nd complete	e. \$	-	- <u>}</u>
Sworn to and subsc									7//	7 .			À		1		NC.	≥	, og
	JANUARY	20 19	_	•	ı			•/	W	NI	U	-6	2	Bu		، و	e. HT OF PENNSYMAN	SEAL	NY Pading VP, ESSE COUNTY EXPINES Apr. 1
Rama M	· Elmi				_		De	nise A		ature o	of Pe	rson S	Submi	tting r	eport			ARIAL NA M	ary P AP, Es n Exp
	ignature		-								Pri	inted	Name					19	Nota TT% Tsion
My Commission exp	oires 4	1 19		814				882-8107				NON	- "	Nota SUMMIT TA Commission					
My Commission expires 4 1 19 882-8107 MO. DAY YR. 814 882-8107 Area Code Daytime Telephone Number							My Su												
Part II- If this is a rep									•		···							+	
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																			
19TH day of JANUARY 20 19								.											
Signature of Candidate Jack F. Lee, Jr. Printed Name																			
1																			
My Commission expires 9 19					* 1		rea Co	de			_			ephor	ne Number	_			
			•										-		-				
COLUMN	CDC 4 TI	·····																	

NOTARIAL SEAL REGINA M ERBIN Motary Public
SUMMIT - WP ERIE COUNTY My Commission Expires Apr 1, 2019

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.

36-4759048

			Amount
: Full Name of Contributing : Committee:	,	Date (MW/DD/YYYY)	
House:#* Street/Address		/Date (MM//DD//////)	
Gity :: State	Zip.Gode: .	Date [MIM/DD///////]	
Full Name of Gontributing		#Date (MIV)/DD/AYYA/] \$>	
House:# Street Address		Date [MM/DD/WW//]	
Gity	Zip:Gode	Date (MM/DD/W/Y/)	
FOII Name of Contributing Committee		Pate IN M/DD/AWY]	Allocation of the state of the
House'## Street Address	·	Date MM/DD/AXWY	
City State	Zip Gode:	/Date-IMIM/DD//YYYMI	
Full Name of Contributing Committee Street Address		Date [MM/DD/YYYY]	A STATE OF THE STA
	a to a rate of the control of the co	Date: WM/DD/WYYA	THE CHIEF CONTRACTOR
	Zip:Godes 3	Date MM/DD/YYY/	
Full Name of Gontributing : Committee		Date(IMIN/DD/Y/V/V) s	жанилиндерен де
Street Address		Date MIV/DD/AYAY)	NAME OF THE PROPERTY OF THE PR
City. State	ZIp Code	pDate (MIM/DD/AYAYA):	of the state of th
Full Name of Contributing		Date [WIVI/IDD/WYYY]	
	Constitution of the Consti	Date(MM/DD/YWY)) \$	Section Section 2
(Gity) State	Zipicode	-Date MIN/DD/-YY-YY	

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.)

36-4759048

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Rull Name of Contributor			Pate MN/DD///YAY	\$1
House#* Street*Address			NDate [MIM//DD//yywy]	5
GW	State (Zja	God E	(Date:[MM/DB/AWA/4]	
FulliName of Contribution				\$
House# Street/Address			¿Dáté MIN/DD/AYYYI	35
Giv	State Zip	Gode	Date MM/DD/AYYY	\$
NEUL Name of Contributors			Date IVIM/DIP/AAAA	
House#\ Street-Address			Date\WiM/DD/XYYY	
(Gity)	State Zip(eodes	Date [MW/DD//YYV]	
FVIIIName of Contributor			Date [WW/DD/YYYY]	
Alfouse#E. Street Address		·	Date (MM/DD/W/W)	\$
[Gh]	Stave Zip.(ode	Pate MM/PD/M/W/	
HilliName of Gontributor.			Date (MM/De/AWA)	
House # Street Address			Date NVIVADD/AVAA	
(Grey HulfNamesof Contributor	State . Zip.(c	ode .	Date VIV/DD/YYYY s	
			Date (MM//DD/AAAA)	
House # Street Address		The relations of	Detre (MIXV/DD/XXXX)	
(Gity)	State Zip.C	ode 2	Date [WW/DD/YYYY]: 15	

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.

Eller Identification (Jumber: 36-4759048 EuliName of Contributing Committee Date (MW/DD/YYYY) S Street/Address =Date (MIXI/DD/XXXX) Date [MIN/DD/YYYY] ull Name of Date (MIM/DD/MY/Y) s Contributing Committe House # Street Address Date (MW/DD/YYW) :Date [MM//DD/yy/y/] Hull/Name of Date (MM//DD//Y/Y/) Contributing Committe House# Street/Address *Date INIM/DD/YYYY/II City Date [VIVI/DD/YYYY] RVIII Name of 1872. Date Mivi/DD/WAYA Contributing Committee louse# Stireet/Addines Date MW/DD/WYY) Zip Code Date (MIN/DD/XYYY) Aul!:Name.öt Contributing:Committees: Date (MM/DD/W/W/ louse# Street/Addre ¿Date [MM/DD/AY/Y] \$ City -Date: IV IV /DD//YYYY | % Full (Name of Contributing (Committee -Date (M/M///DD/A/Y/Y) House# Street/Address /Date(IVIVI/DD/YYYY)ji ity, Date Mivi/DD/AY/A

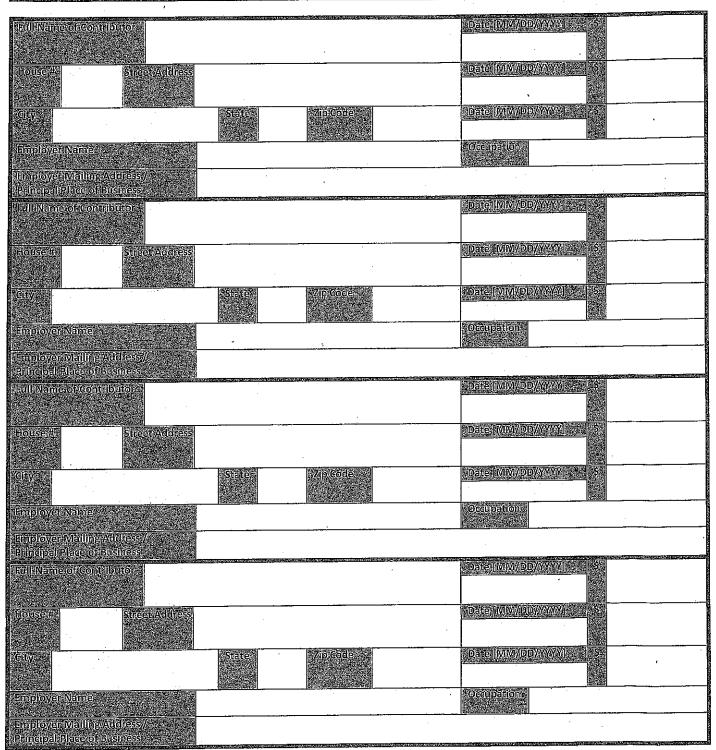
PART D

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)

36 - 4759 048



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.

		36-475	>9048		
Full Names	tree Address	General Communication of the second of the s			
Gitty State of the		State	Zije	Date IMM/DD/MYYA	
Receipt Description					
Gliy Receipt Description	irect (Address	State	Zlp seode	Date MWADD/WYYAA	
Full Name House 4 St	icer Address	States	· · · · · · · · · · · · · · · · · · ·	Daie MM/DD/AMA	
AREceipt Description			Gode	d d	
	Get Addices	State	(88		
Receipt Description		15 LUS	(Zip)	Date MM/DDYYYAY(;;;S;	SILVALITUSE CHIBITÀTI (CENTRALIXA
Full Narje House #	et Address	Westernature			and the state of t
Receipt Description		State	Gode:	Spate (WIM/ADD/MYM) 25	CHARLES CONTROL TO SERVICE OF
ulliName Jouse#J stre	et Addiness	· · · · · · · · · · · · · · · · · · ·			
lity Gelpt Description		State	Zije Gode	Date [MW/dd/www.sk	energy and the energy of the state of the st

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

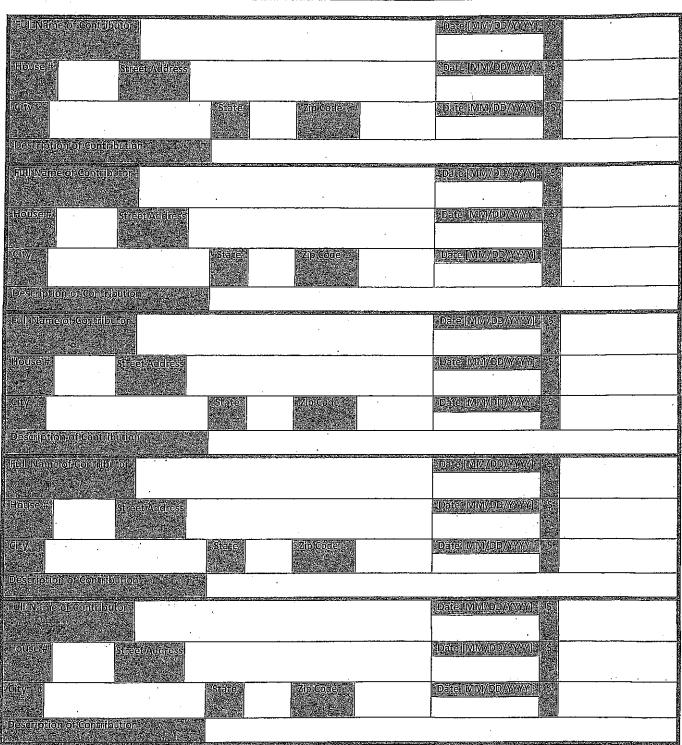
File: den drieadon in úmber: 3	36-4759	1048		
TOTAL for the reporting period	MONSKEGEMED WALUE OF S	50:00:00; NESS PER	(COINTIE BUITORR	
TOTAL for the reporting period	(2)	POCHEROMIPART		
TOTAL for the reporting period	(3)	MCBARNEG)		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)	DURING THIS REPORTING boxes 1, 2, and 3; also enter	\$		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

36-4759048



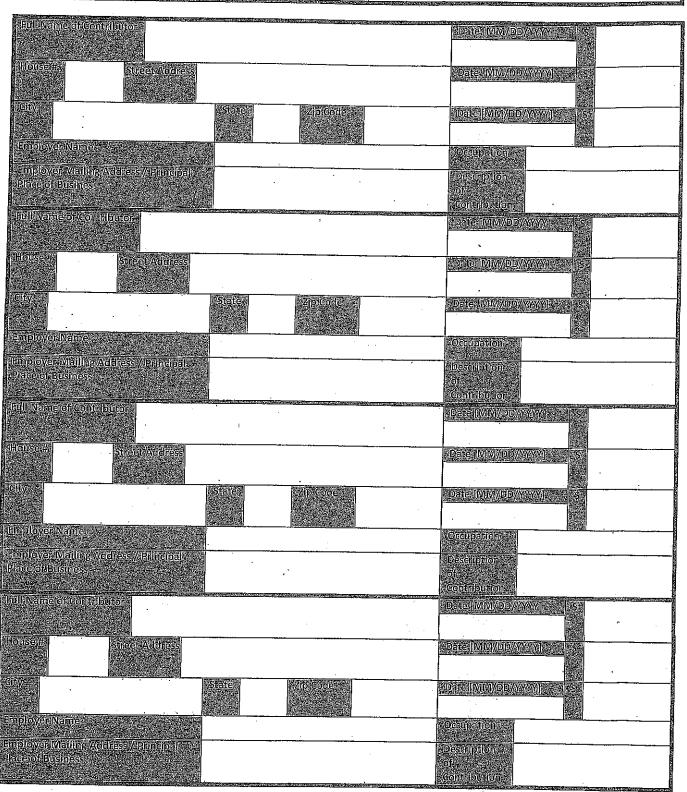
SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

36-4759048

Electeentification Number



Statement of Expenditures

Filer Identification Number:	36-4759048
	19, 4139048

To Whom Paid	Date [MM/DD/YYYY] 8
ERIE COUNTY	01-09-2018 240.00
House # Outst Addition	Description of Expenditure
The second secon	REET "
F-200 (1997) 1997 (1997) 1	de [650] NOT FILING PENALTY
To Whom Paid	BOR COUNTIL (15-12-2018 60.00
ERIE-CRAWFORD COUNTY LA	BOR COUNCIL 05-12-2018 60.00
32 WEST 8th ST-	1200M G04
1990 Sept. 1990 Sept.	de 16501 PROGRAM AD, (CAMPAIGH)
To Whom Paid	3012 MERSKI 05-15-2018 50.00
COMMITTEE TO ELECT 1 House # Street Address	308 MERSKI 05-15-2018 50.00 Description of Expenditure
4318 PEACH STREE	
City State Zi	de 16509 CONTRIBUTION
To Whom Paid	Date [MM/DD/YYYY] \$
FIRST NATIONAL E	BANK 06-31-2018 5.00
House # 711 Street Address STATE STREET	Description of Expenditure
City ERIE State PA Co	de 16501 CHECKING SERVICE CHARGE
To Whom Paid	Date [MM/DD/YYYY] \$
COMMITTEE TO ELECT RO	N DI NICALA 08-07-2018 50,00
House # 1301 Street Address STATE STREE	The second control of the second control of
City ERIE State PA Co	3. 386 and 1
To Whom Paid	Date [MM/DD/YYYY] \$
ERIE DEMOCRATIC COMMI	TTEE 10-01-2018 75.00
House # 1305 Street Address STATE ST	Description of Expenditure REET
Programme (Control of Control of	de 1650 PROGRAM AD
To Whom Paid	Date [MM/DD/YYYY] 3
House # Street Address -	ON DINICOLA 10 - 17 - 2018 25.00 Description of Expenditure
House # Street Address STATE STALL	EET Description of experiments
City ERIE State PA Zig	
To Whom Paid FIRST NATIONAL B	Date [MM/DD/YYYY] \$ 5,00
House # Street Address	WK Description of Expenditure
STATE STR	EET
City ERIE State PA Zin	

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. Hiler lefen Hilleaden Number 36-4759048 laine of Creditor Outstanding Balance of Debt louse/# Stileet Address DATIE DEBITINGURKED. Description of Debrasia Name of Greditory (C.) OutstandingBalance of Dahr. Street/Address Description of Debi-Name of Greditor Outstanding Balance of Debt Street/Addres Description of Debt Name of Greditor : -Outstanding Balance of Dabi House# Description of Debt Name of Greditor. Ouistanding.Balance of Debis : * House# Street Address State Description of Dabis Outstanding Balances of Debit Name of Greditor Street Address DANIE DEBUNCURRED Description of Debits

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filler (dentification Number	
	2/117
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The state of the s	

		Bi minera mana salah	Daniel secondaries	·	
L.Unitemized gontributions and Receipts-950	400 or less per Contributor :-				
	Total for the reporting period	(1)	\$		
2. Contributions of \$50:01 to \$250:00 (From Part Arand Part B)					
Contributions Received from Political Committee	ees (Part A)	Series Constitution of the	\$		
All Other Contributions (Part B)			\$		
	Total for the reporting period	.(2)	\$		
3. Contributions Over \$250,00 (From Part Car	nd Part D)				
Contributions Received from Political Committee	ees (Part C)	V Epit Million (1)	\$		
All Other Contributions (Part D)			\$		
	Total for the reporting period	(3)	\$	•	
. 44. Other:Receipts:Refunds, Interest Farned, Re	etumed Checket EIIC. (Prom Pant P				
rene de la companya del companya de la companya del companya de la companya del la companya de l	Total for the reporting period	(4)	\$		
Total Monetary Contributions and Receipts duri- enter amount totals from Boxes 1, 2, 3 and 4; als Cover Page, Item B)	ng this reporting period (Add and so enter this amount on Page 1, Re	port	\$		