

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	36-4759048	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Jack Lee						
Street Address		8620 Honeysuckle Drive						
City	Erie	State	PA	Zip Code	16509			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/05/2013	Year	2018	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	12/30/2017	12/30/2018	
A. Amount Brought Forward From Last Report	\$	523.14	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.0	
C. Total Funds Available (Sum of Lines A and B)	\$	523.14	
D. Total Expenditures (From Schedule III)	\$	510.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	13.14	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

## Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

17<sup>TH</sup> day of JANUARY 20 19  
 Signature of Person Submitting report  
 Denise A. Lee

My Commission expires 4 1 19  
 MO. DAY YR.

814 882-8107  
 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. 133 NO 320) as amended.

Sworn to and subscribed before me this

17<sup>TH</sup> day of JANUARY 20 19  
 Signature of Candidate  
 Jack F. Lee, Jr.

My Commission expires 4 1 19  
 MO. DAY YR.

814 823-9940  
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

REGINA M ERBIN

Notary Public

SUMMIT TWP ERIE COUNTY

My Commission Expires Apr 1, 2019

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

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Notary Public

SUMMIT TWP 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.

Filer Identification Number		36-4759048			
					Amount
Full Name of Contributing Committee		Date (MM/DD/YYYY)			
House #	Street Address	Date (MM/DD/YYYY)			
City	State	Zip Code	Date (MM/DD/YYYY)		
Full Name of Contributing Committee		Date (MM/DD/YYYY)			
House #	Street Address	Date (MM/DD/YYYY)			
City	State	Zip Code	Date (MM/DD/YYYY)		
Full Name of Contributing Committee		Date (MM/DD/YYYY)			
House #	Street Address	Date (MM/DD/YYYY)			
City	State	Zip Code	Date (MM/DD/YYYY)		
Full Name of Contributing Committee		Date (MM/DD/YYYY)			
House #	Street Address	Date (MM/DD/YYYY)			
City	State	Zip Code	Date (MM/DD/YYYY)		
Full Name of Contributing Committee		Date (MM/DD/YYYY)			
House #	Street Address	Date (MM/DD/YYYY)			
City	State	Zip Code	Date (MM/DD/YYYY)		
Full Name of Contributing Committee		Date (MM/DD/YYYY)			
House #	Street Address	Date (MM/DD/YYYY)			
City	State	Zip Code	Date (MM/DD/YYYY)		
Full Name of Contributing Committee		Date (MM/DD/YYYY)			
House #	Street Address	Date (MM/DD/YYYY)			
City	State	Zip Code	Date (MM/DD/YYYY)		

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.)

File Identification Number	36-4759048
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Full Name of Contributor					Date (MM/DD/YYYY)	S	
House #		Street Address			Date (MM/DD/YYYY)	S	
City		State		Zip Code	Date (MM/DD/YYYY)	S	
Full Name of Contributor					Date (MM/DD/YYYY)	S	
House #		Street Address			Date (MM/DD/YYYY)	S	
City		State		Zip Code	Date (MM/DD/YYYY)	S	
Full Name of Contributor					Date (MM/DD/YYYY)	S	
House #		Street Address			Date (MM/DD/YYYY)	S	
City		State		Zip Code	Date (MM/DD/YYYY)	S	
Full Name of Contributor					Date (MM/DD/YYYY)	S	
House #		Street Address			Date (MM/DD/YYYY)	S	
City		State		Zip Code	Date (MM/DD/YYYY)	S	
Full Name of Contributor					Date (MM/DD/YYYY)	S	
House #		Street Address			Date (MM/DD/YYYY)	S	
City		State		Zip Code	Date (MM/DD/YYYY)	S	
Full Name of Contributor					Date (MM/DD/YYYY)	S	
House #		Street Address			Date (MM/DD/YYYY)	S	
City		State		Zip Code	Date (MM/DD/YYYY)	S	

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.

Elector Identification Number	36-4759048
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Full Name of Contributing Committee				Date MM/DD/YYYY		S	
House #		Street Address		Date MM/DD/YYYY			
City		State		Zip Code			
Full Name of Contributing Committee				Date MM/DD/YYYY		S	
House #		Street Address			Date MM/DD/YYYY		
City		State		Zip Code			
Full Name of Contributing Committee				Date MM/DD/YYYY		S	
House #		Street Address			Date MM/DD/YYYY		
City		State		Zip Code			
Full Name of Contributing Committee				Date MM/DD/YYYY		S	
House #		Street Address			Date MM/DD/YYYY		
City		State		Zip Code			
Full Name of Contributing Committee				Date MM/DD/YYYY		S	
House #		Street Address			Date MM/DD/YYYY		
City		State		Zip Code			
Full Name of Contributing Committee				Date MM/DD/YYYY		S	
House #		Street Address			Date MM/DD/YYYY		
City		State		Zip Code			
Full Name of Contributing Committee				Date MM/DD/YYYY		S	
House #		Street Address			Date MM/DD/YYYY		
City		State		Zip Code			

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	36-4759048
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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								
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								
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								
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								
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								

## PART E

## 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.

Ident. Number:	36-4759048
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Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
Receipt Description					

**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**

File Identification Number	36-4759048
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART I)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00 (FROM PART I)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number	36-4759048
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Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							



SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	36-4759048
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Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #				Date (MM/DD/YYYY)			
Street Address				Date (MM/DD/YYYY)			
City				Date (MM/DD/YYYY)			
State				Zip Code		S	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #				Date (MM/DD/YYYY)			
Street Address				Date (MM/DD/YYYY)			
City				Date (MM/DD/YYYY)			
State				Zip Code		S	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #				Date (MM/DD/YYYY)			
Street Address				Date (MM/DD/YYYY)			
City				Date (MM/DD/YYYY)			
State				Zip Code		S	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #				Date (MM/DD/YYYY)			
Street Address				Date (MM/DD/YYYY)			
City				Date (MM/DD/YYYY)			
State				Zip Code		S	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	36-4759048
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To Whom Paid		ERIE COUNTY			Date [MM/DD/YYYY]	\$	240.00
House #	140	Street Address	WEST 6TH STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	NOT FILING PENALTY	
To Whom Paid		ERIE-CRAWFORD COUNTY LABOR COUNCIL			Date [MM/DD/YYYY]	\$	60.00
House #	32	Street Address	WEST 8th ST- ROOM 604		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	PROGRAM AD. (CAMPAIGN)	
To Whom Paid		COMMITTEE TO ELECT BOB MERSKI			Date [MM/DD/YYYY]	\$	50.00
House #	4318	Street Address	PEACH STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16509	CONTRIBUTION	
To Whom Paid		FIRST NATIONAL BANK			Date [MM/DD/YYYY]	\$	5.00
House #	711	Street Address	STATE STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	CHECKING SERVICE CHARGE	
To Whom Paid		COMMITTEE TO ELECT RON DI NICOLA			Date [MM/DD/YYYY]	\$	50.00
House #	1301	Street Address	STATE STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	CONTRIBUTION	
To Whom Paid		ERIE DEMOCRATIC COMMITTEE			Date [MM/DD/YYYY]	\$	75.00
House #	1305	Street Address	STATE STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	PROGRAM AD	
To Whom Paid		COMMITTEE TO ELECT RON DINICOLA			Date [MM/DD/YYYY]	\$	25.00
House #	1301	Street Address	STATE STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	CONTRIBUTION	
To Whom Paid		FIRST NATIONAL BANK			Date [MM/DD/YYYY]	\$	5.00
House #	711	Street Address	STATE STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	CHECKING SERVICE CHARGE	

**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	36-4759048
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED MM/DD/YYYY	City	State	Zip Code	\$
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED MM/DD/YYYY	City	State	Zip Code	\$
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED MM/DD/YYYY	City	State	Zip Code	\$
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED MM/DD/YYYY	City	State	Zip Code	\$
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED MM/DD/YYYY	City	State	Zip Code	\$
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED MM/DD/YYYY	City	State	Zip Code	\$
Description of Debt						

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>File Identification Number</b>	36-4759048	
<b>1. Unitemized Contributions and Receipts: \$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
<b>4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$
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)		\$