

Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification Number	: This report mus Report Filed E (Mark X)	Maria and Carlos of the	Colored Constitution Committee	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	COMM	ITTEE	To Elect	JOHN	1 T. LOOM	115 Sheriff.
Street Address	0/0 57	06 Jos	Yes LAN	,	e G	
City ERIC		State	PA.	Zip Code	1105	05
Type of Report (Place x under report type)		Section 2 The section 2		<u> </u>		
1-6 th Tuesday 2-2 nd Friday 3-30 Day Po Pre-Primary Pre-Primary Primary	ost 4-6th Tuesday Pre-Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7-Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
				X		
Date Of Election (MM/DD/YYYY)	Year		Amendment Report	1 1 1 43	Termination Report	
Summary of Receipts and Expenditures From Date				For C	ffice Use Only	
A. Amount Brought Forward From Last Rep		21-10 2 8034	ergeer Million <u>wil</u> l	in table of particular in the		A STATE OF THE STATE OF THE STATE OF
B. Total Monetary Contributions and Recei (From Schedule I)	pts \$ 4	390.00		· 45.	2019	
C. Total Funds Available (Sum of Lines A and B)	\$ 8	679,34		Electronic (K K	A
D. Total Expenditures (From Schedule III)	\$ 4'	,231.54		1 12	3 8	
E. Ending Cash Balance [Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$ 4	,44780		Section 1997		· · · · · · · · · · · · · · · · · · ·
(From Schedule II) G. Unpaid Debts and Obligations		D 00		Č)	Col	
(From Schedule IV)	i a	,20000 Affidavit S			· Oh	LVANIA Public
Part 1- if this is a Committee report, treasurer sig	gn here. If this is a Ca	ndidate report, o	andidate sign here.	odge and belief ter	ie correct and comp	8 ≥€ ल
Sworn to and subscribed before me this day of Johnson 20	attached schedules c	on paper, is to the	e dest of my knowle		le de la comp	OF PENN AL SEAL Ider, Nota Erie Cou
Kinhny & alex	cholic -	-	Signature	of Person Subm	itting report	EALTH OTARI, Alexar of Erie, sion Ex
My Commission expires NO. DAY	<u>)01</u> 9 YR.	_	Area Code	<u> 4</u>	55-760 time Telephone Num	OMMONW Simberly S City Sy Commiss
Part II- If this is a report of a Candidate's Author	ized Committee, can	didate shall sign	here.	;		
I swear (or affirm) that to the best of my knowle amended.	dge and belief this po	olitical committe	e has not violated a	ny provisions of t	he Act of June 3, 193	7 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this day of 20	1		Th	<u></u>	Laa	
Kindle & Ole	ugar!	•	Joh.	gnature of Candit Printed Name	fate Laomi	PENNSYLVANIA SEAL Notary Public e County
My Commission expires TO 31 2	<u>>019</u>	-	8 IL4 Area Code	Dayt	34 45 7 ime Telephone Num	
						고 [등 열 년
					:	# A A E

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number:	MITTEE TO CLECT JO	hn T	LOOMIS	, Sheriff.
1.Uniternized Contributions and Receip	its:\$50.00 or Less per Contributor			
PIG	Total for the reporting period	(1) \$	3	34000
2. Contributions of \$50.01 to \$250.00 Part A and Part B)	(From			
Contributions Received from Political C	ommittees (Part A)	\$		350, °
All Other Contributions (Part B)		\$		200,00
	Total for the reporting period	(2) \$		550.00
3. Contributions Over \$250.00 (From	Part C and Part D)			
Contributions Received from Political C	Committees (Part C)	. \$		0
Ali Other Contributions (Part D)		\$		500.00
	Total for the reporting period	(3) \$		500.00
4. Other Receipts-Refunds, Interest E	arned, Returned Checks, ETC. (From Part E			
	Total for the reporting period	(4) \$		0
Total Monetary Contributions and Recenter amount totals from Boxes 1, 2, 3	eipts during this reporting period (Add and and 4; also enter this amount on Page 1, Re	eport	L	+,390°°

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 CTE John T. LODY IS.	Sheritt.
1 de l'approprie de la company de l'approprie de la company de la compan	Amount
Full Name of Contributing DANER I FOR DA	8-6-18 100.00
House # Street Address PD Box 344	Date [MM/DD/YYYY] \$
Gity ERC State PA Zip Code 16512	Date [MM/DD/YYYY] \$
Full Name of Contributing PlumBers VIIIN 27 PAC	Date [MM/9D/YYYY] 5 7-27-18 250.00
House # Street Address 1040 MONTOUR WEST.	Date [MM/BD/YYYY] \$
CITY CORAOPELIS STATE PA ZIP CODE 15108	Date [MM/DD/YYY] \$
Full Name of Contributing Committee	Date [MM/BD/YYYY] \$
House # Street Address State Zip Code	Date [MM/BD/YYYY] \$
City State Zip Code Full Name of Contributing	Date IMM/DD/YYYY] \$
Committee House # Street Address	Date [MIV/PD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] 5
Full Name of Contributing	Date [MIM/BD/YYY] \$
Committee House # Street Address	Date [MM/DD/YYYY] © 5
City State Zip Code	Date [MIM/DD/YYYY] \$
Full Name of Contributing Committee	Date (MM/DD/YYYY) 53
House # Street Address	Date [MM/DD/YYYY] 75
City State Zip Code	Date [MINT/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.)

Flecidentification Numbers CTE JOHN T. LOSMIS	, Sheriff
Full Name of Contributor	Date [MM/DD/YYY] 35
Pele SAIA	8-26-18 100.00
1637 W 24 T 51.	
CITY ERIC State PA. ZIP GOODE 16502	Date MM/DD/ANACI 55
Full Name of Contributor. CARL ANDERSON III	8-25-18 /00.00
Street Address 3830 PAR ATCE ST'	Date[MIM/BD/AYYX] \$
GIN E RIC STATE PA STORES 16504	Date (MIM/BID/AWM)
Full: Name of Contributor	Date IMM/PD/YYYYE
House # Street Address	Date MM/DD/AMAI
Gity. State ZIp.Code 16	Date MM/DD/201013
Fill Name of Contributors	Pate MIV/DD/AVAMIE S.
House# Street Address	Date MINTED ASSAULT
CIEV. State Zip Code.	Date (MMYBD/YYYY)
Full Name of Contributor	Pate MV/ABD/MXXX
House# !Street:Address	Date MIV/ED/MYM 152
Gity Zip Code.	#Date [MIV/BB/MONT]
Full-Name of Contributor	Date (Vivolod/AVAX)
House # Street Address	Date MM/PD/AVY//
Gity Zip Code	Date (MM/DD/ASYM) 2 5

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.

Filer Identification Number OTE John T. Loom 15	Shelff
	/
Full Name of	Date [MM/DD/YYYY] S
House# Street Address	Date MM/DD/YYYYI 35
	Date [MIM/DD/MM] \$5
Gity State Zip Gode	
Full Name of Contributing Committee	Date (MIM/DD/AYYM) \$2
House # Street Address	Date (MM/DD/WYY) 25
Gity State Zip Gode:	Date(MM/DD/AYA)) S
apiliName of	Date/(MM/ADD/AAAA)
Contributing Committee House # Street Address	pate MM/AD/MYYI \$5
House # Street Address	
City State Zip Code	Date (MIM/DD/XYYYI) S
FUII Name of	Date Min/BD/AYAN S
Contributing Committee	DateIMM/DD/YYY01.
and Street Address	
City State ZIp Gode	Date IMMADD/XXXXIII S
Full Name of	Date MM/DD/YYYY 5
Contributing Committee House # Street Address	Date (MIV/BD/WY) 15.35
House# Street Address	
Gity State Zip Code	apare (MIV/(BD/XYYY))
Eull Nanco:	Date:[MW/DD/4X434] 5
Contribining Committee	Date Min/DD/XXXI \$
House # Street Address	
State Zip Gode	abate(MM/pb//Y4YI) S
	No. Sin

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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)

Taller (Gentification) Numbers	CIE JOHN	T. LOOMIS <	sheriff.
House # Stree	MCGARREY'S C HADDIESS 1624 W. 58	AKWOOD B	1M/DD/YYYY1 \$ 500 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Employer Name Employer Mailing Address/ Principal Place of Business	Transaction of the State of the	76508 Occupi	
Edli Name of Contributor . House # Stree	State ZIP Co	Dafe [/M//DD/YYY/]
Employer Name Employer Mailing Address Principal Place of Business Full Name of Contributor		\$ Оссир ;	
	et Address State Zip C		MIMADD/AAAAT 2
Employer Name Employer Mailing Address Principal Place of Business Edil Warner of Contributor		Occup	VIVI/DD/AYYYI
House # Stre	et Address (State 21p.C		MIM/DD/AYAYI S
Employer Name Employer Malling Address Principal Place of Business		Gectif	ation .

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.

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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

Eller identification Numbers	ITE JO	bhy T. Low	415 SKRIFF	
			/	
E CUMPTEMIZED IN HAIND GONERIE	KUTIONSRECEIVED VAL		r contributor	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REG	::Wed::Waru::\0;::\50:0}	(10)\$Z5@0@(EROMPAR	10	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECE	IVER VARUE OVER \$250	OO((ROMPARES)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)	ONS DURING THIS REPORT From boxes 1, 2, and 3; a	RTING \$		

Statement of Expenditures

Filer Identification Number: CTE John T. LOOM 15	Sheriff
FRIE COUNTY MHA	2-7-18 100°0
House# Street Address City Cole State DA Zip	Dow ATION
To Whom Fald CITY MISSION	Date IMM/DD/YYYYI S
House # Street Address	Description of Expenditure
City State VA Zip. To Whom Paid: OA O C C	FUNDAL DRIVE
PA Conferwale PSA. House # Street Address	Date [MIM/DID/YYYY] \$ 2000 2-20:18 200 Description of Expenditure
City State Zip Code	Conference Everi
To Whom Paid RIMC ULCTOM 5. HOUSE # Street Address	Date [MM/DD/XXXX] \$ 12900 3-19-18 129 Description of Expenditure
Gfiy P Q State PA Zip Gode	T. LETS TO GUENT
TOWNOW PAID ERIC SAFE HABOR	Date [MIV/DD//NYVI] S /60 00
House # Street Address Gity R Code as	Description of expenditures
To Whom Paid / EF Fights	3 25-18 5000
House# Street Address	Description of Expenditure
Gity Gale State 1 200 Code	Date IMM/DD/MARIES DIOS
House # Street Address	Description of Expenditure
City GRIC States VA Zio Gode	PROGRAM AD
House # Street Address	4-12-18 100 Description of Expenditure
City GRE State PA Code	HOK SPONSOR

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
CTE JOHN T. LOOMIS, Shek	21++ From 1-1-18 To 12-31-18
To Whom Paid RON DINICOLA - CTE Mailing Address	MO DAY YEAR Amount
Mailing Address	Description of Expenditure
City	TICKETS TO EVENT.
Stafe Zip Code (Flus	4
To Whom Brid	
205 Posse.	Mg DAY FEAR Amount 5 19 18 \$ 100
Mailing Address	Description of Expenditure
City State Zip Code (Plus	
	" HUN & OL FOND
To Whom Paid GOIF BEVELIT.	000000000000000000000000000000000000000
Mailing Address	6 24 18 \$ 150
	Description of Expenditure ADDONSOR
City State Zip Code (Plus	4) 1751C JONSON.
To Whom Paid	
Malling Address HOLY TRIVITY CLUB	MG 24 /8 Amount 00
Malling Address	Description of Expenditure
City Zip Code (Plus 4	- Reseave PADERUSKI PANK
- PIT -	For PIE ROAST.
To Whom Paid PSA PICTURES	NOVINO DE CONTROL DE C
Mailing Address	7 9 78 \$ 100
ity .	Description of Expenditure
State Zip Code (Plus 4)	Towlenever Hyer.
o Whom Paid	
TRIPI FOODS.	8 76 78 \$ 2/4 52
lailing Address	Description of Expenditure
ity State Zip Code (Plus 4)	BUNS, CONDINENTS FOR
RICITI	PIG ROAST.
Whom Paid	Mg DAY YEAR Amount
eiling Address	8 19 18 \$ 50
ty	Description of Expenditure
State Zip Code (Plus 4)	MODITAL STREET
Whom Paid A O C	Co while Coo.
<u>CIS Posse</u>	MO DAY WEAR Amount
illing Address	Description of Expenditure
Style Zip Code (Plus 4)	
THE KIN-	Chan'T DOUTION
	Dier Terri
ter Grand Total of Expenditures on Page 1, Report Cover P	age, Item D. \$ 411452
	46452

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
CIF JOHN T. LOOMIS Sh	106/FF From 1-1-18 To 12-31-18
To Whom Paid	
PADEREWSKI PARK.	80 PAY SEAR Amount 400 00
Mailing Address	Description of Expenditure
City	PIA ROAST PRITAL
Store Zip Code	(Plus 4)
To Whom Peid	Arrough
Mailing Address RIE BEER	85 26 78 \$ 283 00
1 (best 5)	Description of Expenditure
City Zip Code	(Plus 4) FIG ROAST JEVERAGES
To Whom Paid	-
_ SRIE-(RAWFOND/ARDR	9 5 /0 \$
Mailing Address	Description of Expenditure
City State Zip Code (i	
State Zip Code (f	Bever 1005
TO WHOM Paid CTE BOB MERSKI	SNG BOAY I VEAR Amount
Mailing Address	9 30 18 \$ /00 00
	Description of Expenditure
State Zip Code (P	ius 4)
o Milese Ocid	1 LKETS TO EVENT
CTE RW DINGCOLA	10 17 78 \$ 250
ailing Address	2-3-3-7-1011 of expellutture
State Zip Code (P)	LIS 4) CAMPAIGN DONDTION -
Whom Paid PA CENTURL LABOR.	MG CAY YEAR Amount
ailing Address	Description of Expenditure
MCADOILC Step Code (Pla	us 4) DOOP IM.
Whom Paid () < \(\chi\)	MS SAY WEAR Amount
iling Address	9 13 18 \$ 1,000
	Description of Expenditure
y State Zip Code (Plu	15 4)
Whom Peid	329041100 Par (201001/00
	MC CAY KEAR Amount
ling Address	Description of Expenditure
State Zip Code (Plus	
Zip Code (Più	5 4)
	EDACE TOTAL
ter Grand Total of Expenditures on Page 1, Report Cove	PAGE TOTAL S 1/4202
•	3 1/07

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:	CTE JOHN T. 100415	SLERIFF
Name of Creditor House # Stree Gity	TOWN T. LOWIS PATE DEBT INCURRED [MM/DD/CYYY] State Code	Outstanding Balance of Debt .
Description of Debt	CAMPAIGN STANT UP.	Outstanding Balance of Debt
House# Stree	Address (MIM/DD/YYYY)	5
Oty Description of Debt.	State Zip Code	
Name of Greditor Flouse # Stree	et Address DATE DEBT INGURRED IMM/DD/Y0201	Constanding Balance of Debt
City	State Zip Code	
Name of Greditor	et Address DATE DEBT INGURRED [MIM/DD/MAY]	Ogstanding Balance of Debt
City Description of Debt	State Zip a code 4	
Name of Greditor	et Address [MM/DD/XXXY]	Outstanding Balance of Debt
City Description of Debt	State. Zip. Code	
Name of Greditor: "House# Stree	et Address DATE DEBTINGURRED [MM/pD//YVYC]	Outstanding Balance of Debt
Gity Description of Debt	State Zip Code 2	
		·