

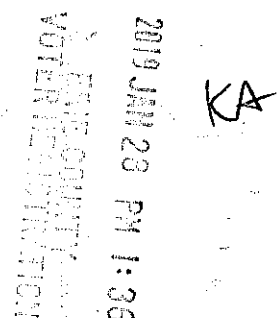
Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist COMMITTEE TO Elect, JOHN T. LOOMIS Sheriff.				
Street Address 40 5706 JONES LANE				
City ERIC	State PA.	Zip Code 16505		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th 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
<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)			Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date 1-1-18	To Date 12-31-18	For Office Use Only
A. Amount Brought Forward From Last Report	\$	428934	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	4,390.00	
C. Total Funds Available (Sum of Lines A and B)	\$	8,679.34	
D. Total Expenditures (From Schedule III)	\$	4,231.54	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	4,447.80	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2,200.00	

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

28th day of **January** 20 **19**
Kimberly S. Alexander
 Signature

My Commission expires **10 31 2019**
 MO. DAY YR.

Charles A. Klein
 Signature of Person Submitting report
Charles A. Klein
 Printed Name
414
 Area Code
450-7664
 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

28th day of **January** 20 **19**
Kimberly S. Alexander
 Signature

My Commission expires **10 31 2019**
 MO. DAY YR.

John T. Loomis
 Signature of Candidate
John T. Loomis
 Printed Name
814
 Area Code
434-9575
 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kimberly S. Alexander, Notary Public
 City of Erie, Erie County
 My Commission Expires Oct. 31, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		COMMITTEE TO Elect JOHN T. LOOMIS, Sheriff.	
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
P16	Total for the reporting period	(1)	\$ 3340.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)			\$ 350.00
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 Committees (Part C)			\$ 0
All Other Contributions (Part D)			\$ 500.00
	Total for the reporting period	(3)	\$ 500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
	Total for the reporting period	(4)	\$ 0
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)			\$ 4,390.00

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						Amount	
CTE JOHN T. LOOMIS, Sheriff.							
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$		
DANERI FOR DA				8-6-18	\$	100.00	
House #	Street Address			Date [MM/DD/YYYY]	\$		
	PO Box 344				\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
ERIE		PA	16512		\$		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$		
PLUMBERS UNION 27 PAC				7-27-18	\$	250.00	
House #	Street Address			Date [MM/DD/YYYY]	\$		
	1040 MONTGOMERY WEST.				\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
CORADOLIS		PA	15108		\$		
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.)

Filer Identification Number		CTE JOHN T. LOUIS, Sheriff.					
Full Name of Contributor		Pete Sala		Date [MM/DD/YYYY]	8-26-18	\$	100.00
House #	Street Address		1637 W. 24 th ST.		Date [MM/DD/YYYY]	\$	
City	ERIC	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	\$
Full Name of Contributor		CARL ANDERSON III		Date [MM/DD/YYYY]	8-25-18	\$	100.00
House #	Street Address		3830 PARADE ST.		Date [MM/DD/YYYY]	\$	
City	ERIC	State	PA	Zip Code	16504	Date [MM/DD/YYYY]	\$
Full Name of Contributor		A		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]	\$
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]	\$

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: CTE JOHN T. LOOMIS, Sheriff					
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]	\$	

(None)

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		CTE JOHN T. LOOMIS, Sheriff			
-----------------------------	--	-----------------------------	--	--	--

Full Name of Contributor		Date [MM/DD/YYYY]		S	
McGARREY'S OAKWOOD		8-22-18		S	500 ⁰⁰
House #	Street Address	Date [MM/DD/YYYY]		S	
	1624 W. 38 th ST.			S	
City	State	Zip Code	Date [MM/DD/YYYY]	S	
ERIC	PA	16508		S	
Employer Name		Occupation			
Employer Mailing Address / Principal Place of Business					

Full Name of Contributor		Date [MM/DD/YYYY]		S	
				S	
House #	Street Address	Date [MM/DD/YYYY]		S	
				S	
City	State	Zip Code	Date [MM/DD/YYYY]	S	
				S	
Employer Name		Occupation			
Employer Mailing Address / Principal Place of Business					

Full Name of Contributor		Date [MM/DD/YYYY]		S	
				S	
House #	Street Address	Date [MM/DD/YYYY]		S	
				S	
City	State	Zip Code	Date [MM/DD/YYYY]	S	
				S	
Employer Name		Occupation			
Employer Mailing Address / Principal Place of Business					

Full Name of Contributor		Date [MM/DD/YYYY]		S	
				S	
House #	Street Address	Date [MM/DD/YYYY]		S	
				S	
City	State	Zip Code	Date [MM/DD/YYYY]	S	
				S	
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.

Filer Identification Number: **CTE JOHN T. LOOMIS, Sheriff**

Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							

(None)

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**

Hierarchical Identification Number	CTE JOHN T. LOUIS, SHERIFF
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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 CONTRIBUTION 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 III
Statement of Expenditures

Filer Identification Number: CTE JOHN T. LOOMIS, Sheriff							
To Whom Paid		ERIE COUNTY MHA		Date (MM/DD/YYYY)	2-7-18	\$	100 ⁰⁰
House #	Street Address		Description of Expenditure				
City	ERIE	State	PA	Zip Code	DONATION		
To Whom Paid		CITY MISSION		Date (MM/DD/YYYY)	2-11-18	\$	350 ⁰⁰
House #	Street Address		Description of Expenditure				
City	ERIE	State	PA	Zip Code	ANNUAL DRIVE		
To Whom Paid		PA CONFERENCE PSA.		Date (MM/DD/YYYY)	2-20-18	\$	200 ⁰⁰
House #	Street Address		Description of Expenditure				
City		State		Zip Code	CONFERENCE EVENT		
To Whom Paid		CRIME VICTIMS.		Date (MM/DD/YYYY)	3-19-18	\$	129 ⁰⁰
House #	Street Address		Description of Expenditure				
City	ERIE	State	PA	Zip Code	TICKETS TO EVENT		
To Whom Paid		ERIC SAFE HARBOR		Date (MM/DD/YYYY)		\$	160 ⁰⁰
House #	Street Address		Description of Expenditure				
City	ERIE	State	PA	Zip Code	TICKETS TO EVENT		
To Whom Paid		LEF FIGHTS		Date (MM/DD/YYYY)	3-25-18	\$	50 ⁰⁰
House #	Street Address		Description of Expenditure				
City	ERIE	State	PA	Zip Code	EVENT TICKETS		
To Whom Paid		LAKE ERIC FANFARE.		Date (MM/DD/YYYY)	4-12-18	\$	95 ⁰⁰
House #	Street Address		Description of Expenditure				
City	ERIE	State	PA	Zip Code	PROGRAM A D		
To Whom Paid		EPD GOLF TOURNAMENT		Date (MM/DD/YYYY)	4-12-18	\$	100 ⁰⁰
House #	Street Address		Description of Expenditure				
City	ERIE	State	PA	Zip Code	HOK SPONSOR		

11,84⁰⁰

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate CTE JOHN T. LOONIS, Sheriff	Reporting Period From 1-1-18 To 12-31-18
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To Whom Paid RON DINICOLA - CTE	MO 4	DAY 21	YEAR 18	Amount \$ 100.00
Mailing Address	Description of Expenditure TICKETS TO EVENT.			
City ERIC	State PA	Zip Code (Plus 4) -		
To Whom Paid ECS Posse.	MO 5	DAY 19	YEAR 18	Amount \$ 100.00
Mailing Address	Description of Expenditure ANNUAL FUND			
City ERIC	State PA	Zip Code (Plus 4) -		
To Whom Paid GOLF BENEFIT.	MO 6	DAY 24	YEAR 18	Amount \$ 150.00
Mailing Address	Description of Expenditure HOLE SPONSOR.			
City ERIC	State PA	Zip Code (Plus 4) -		
To Whom Paid HOLY TRINITY CLUB	MO 6	DAY 24	YEAR 18	Amount \$ 100.00
Mailing Address	Description of Expenditure - RESCUE PADERUSKI PARK			
City ERIC	State PA	Zip Code (Plus 4) -		
To Whom Paid PSA PICTURES	MO 7	DAY 9	YEAR 18	Amount \$ 100.00
Mailing Address	Description of Expenditure For Pig Roast.			
City	State	Zip Code (Plus 4) -		
To Whom Paid TRIPi FOODS.	MO 8	DAY 16	YEAR 18	Amount \$ 214.52
Mailing Address	Description of Expenditure BUNS, CONDIMENTS FOR			
City ERIC PA	State PA	Zip Code (Plus 4) -		
To Whom Paid CTE Kyle FOUST.	MO 8	DAY 19	YEAR 18	Amount \$ 50.00
Mailing Address	Description of Expenditure Campaign Event			
City	State	Zip Code (Plus 4) -		
To Whom Paid ECS Posse	MO 8	DAY 19	YEAR 18	Amount \$ 50.00
Mailing Address	Description of Expenditure Charity Donation.			
City ERIC	State PA	Zip Code (Plus 4) -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ **864.52**

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate

CTE JOHN T. LOOMIS Sheriff

Reporting Period

From 1-1-18 To 12-31-18

To Whom Paid

PADEREWSKI PARK

Mailing Address

City

ERIE

State

Zip Code (Plus 4)

MO DAY YEAR

Amount

\$ 400.00

Description of Expenditure

PIG ROAST RENTAL

To Whom Paid

ERIE BEER

Mailing Address

City

ERIE

State

Zip Code (Plus 4)

MO DAY YEAR

Amount

\$ 283.02

Description of Expenditure

PIG ROAST BEVERAGES

To Whom Paid

ERIE-CRAWFORD LABOR

Mailing Address

City

State

Zip Code (Plus 4)

MO DAY YEAR

Amount

\$ 500.00

Description of Expenditure

Benefit Tickets

To Whom Paid

CTE BOB MERSKI

Mailing Address

City

ERIE

State

Zip Code (Plus 4)

MO DAY YEAR

Amount

\$ 100.00

Description of Expenditure

Tickets To Event

To Whom Paid

CTE ROW DIACOLA

Mailing Address

City

ERIE

State

Zip Code (Plus 4)

MO DAY YEAR

Amount

\$ 250.00

Description of Expenditure

CAMPAIGN DONATION

To Whom Paid

PA CENTRAL LABOR

Mailing Address

City

MEADVILLE

State

Zip Code (Plus 4)

MO DAY YEAR

Amount

\$ 100.00

Description of Expenditure

DONATION

To Whom Paid

PSA CONFERENCE

Mailing Address

City

State

Zip Code (Plus 4)

MO DAY YEAR

Amount

\$ 1,000.00

Description of Expenditure

DONATION FOR CONVENTION

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO DAY YEAR

Amount

\$

Description of Expenditure

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 2183.02

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.

Elder Identification Number		CTE JOHN T. LOOMIS, Sheriff			
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Name of Creditor		JOHN T. LOOMIS			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		S	2,200 ⁰⁰
City	State	Zip Code			
Description of Debt CAMPAIGN START UP					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		S	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		S	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		S	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		S	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		S	
City	State	Zip Code			
Description of Debt					