

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number		eport Filed F Mark X)	By Candida	te 🔀	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist I. Michael Lindner							
Street Address	260	06 Kimberly D	r [']				
City Erie			State	PA	Zip Code	16509	
Type of Report (Place x under i	report type)						· .
1-6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	■ というしゅうこうがあられ、コルケラ トラット	6 th Tuesday 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
Date Of Election (MM/DD/YYYY)	11/5/2019 Ye	ear	2019	Amendment Report		Termination Report	X
Summary of Receipts and	From Date	To Date			For	Office Use Only	
Expenditures	04/02/2019	12	/31/2019				
A. Amount Brought Forward F		\$	0				
B. Total Monetary Contributio (From Schedule I)	ns and Receipts	\$	953.19			3 3	
C. Total Funds Available (Sum of Lines A and B)		\$	953.19				
D. Total Expenditures		\$	005.40				
(From Schedule III)			935.19			ြင့်	
E. Ending Cash Balance (Subtract Line D from Line C)		\$	0				
F. Value of In-Kind Contributions Received \$ (From Schedule II)						interference of the state of th	1
G. Unpaid Debts and Obligations \$ 0 (From Schedule IV)						A	
Affidavit Section							
Part 1- 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							
D day of Janua	<u>v</u> 20 20			and to	<u> </u>		
2 minus	Common	wealth of Pe	nnsylvania - Not ez. Notary Pula	ary Sealdignature o Mehael Lindner	of Person Subm	itting report	
Commonwealth of Pennsylvania - Notary Sealginature of Person Submitting report of Pers							
My Commission expires 4 - 3 Q D Commission number 1288912 39/2411							
MO. DAY Member, Pennsylvania Association oA Nededea 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							
day of20* 1							
Signature of Candidate							
Signature Printed Name						_	
My Commission expires	My Commission expires						
MO.							

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					
					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address	7		Date [MM/DD/YYYY]	\$
		2	•	, - , ,	
City		State	Zip Code	Date [MM/DD/YYYY]	
				Commercial and Commercial Commerc	
Full Name of Co	ntributing	1,4,4,5,4	Terre de Japane de d	Date [MM/DD/YYYY]	Na
Committee			Samas Principles and (1914)		
Ann Carlos (1)	Participation of the control of the	<u> </u>		Date [BERE] DO DOOMS	(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
House #	Street Address	5		Date [MM/DD/YYYY]	. .
		:			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
a 46 million Francisco mete		No. 30 te 3034			\$6.3 8.3
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					Fig.
House #	Street Address	•		Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	
					\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
Full Name of Co	ntributing	25 day - 1	TALL ACT A	Date [MM/DD/YYYY]	
Committee				Section Set 1 (1)	
House #	Street Address	;		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
-City		State	Zip Code	Date [ivilvi) DD/ 1111]	1
	T				
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
Committee					1 Salar 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
House #	Street Address	,		Date [MM/DD/YYYY]	\$
					(4) (5)
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		1324-775 1334-785		NAME OF TAXABLE PARTY OF THE PARTY OF TAXABLE PARTY.	1
Full Name of Contributing			Date [MM/DD/YYYY]	\$	
Committee			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
House #	Street Address	: .	·	Date [MM/DD/YYYY]	\$
] .	•		
City		Trease 1	7in Calla	Data Rasa Inn Spans	[] [] [] [] [] [] [] [] [] []
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:

saveus ere establishe					
Full Name of				Date [MM/DD/YYYY]	[\$\$]
Contributing Committe	ee			See will the section of the section	
House #	Street Address			Date [MM/DD/YYYY]	\$
				S. A. ger des square in Adaptive. Plant Statement (1997), various and	
City	BOARD AND CONTRACTOR CONTRACTOR STATES AND	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	BE		14	Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	\$
Gtÿ		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	e e	. July 10 in processor and a	The physics of the property of the physics of the p	Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	(S)
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	36	Section 1997	- Berthelmanner (1964)	Date [MM/DD/YYYY]	5
	Street Address		,	Date [MM/DD/YYYY]	\$.
Giy		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	:e			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	ė			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	S
Gity	nggan a maga minana a manggan ang ng n	State	Zip Code	Date [MM/DD/YYYY]	\$

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.

Full Name				
House#	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
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		N _a		
Full Name				
	Street Address			
City	3 reel Address	State	Zip	Date [MM/DD/YYYY] \$
			Code	Management of the state of the
Receipt Description			,	
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			<u> </u>	<u> </u>
Full Name				
House #	Street Address			
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			code	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Nu	imber:					
		, , ,				
Full Name of Contr	butor			Date [MM/DD/YYYY]	\$	
House #	Street Address		,	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Cont	ribution	Barter Wilder (Brown)	4494.5465.44.24.14.150.04.44.	I	[855/2]	
Full Name of Contri	butor	IM.		Date [MM/DD/YYYY]	\$	
				Collegio (Control		
House#	Street Address			Date [MM/DD/YYYY]	\$	
Gity	**************************************	State	Zip Code	Date [MM/DD/YYYY]	(5)	
Description of Cont	ribution					
Full Name of Contri	butor	数		Date [MM/DD/YYYY]	\$	
House#	Street Address			Date [MM/DD/YYYY]	\$	
City	100	State	Zip.Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contri	butor	98		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYYY]	\$.	
Citý.		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Conti	ribution					
E UN E E E		al control of the con			9756	
Full Name of Contril	outor	,		Date [MM/DD/YYYY]	(\$)	
House #	Street Address			Date [MM/DD/YYYX]	.	
Gity		State	Zip Code	Date [MM/DD/YYYY]	-	
Description of Contr	ribution			[****	

Statement of Expenditures

Fliër Identification Number:	 _	

With a property of the agency of the control of the		***	too in the secondary of the secondary and the secondary of the secondary o
To Whom Paid R Fran	k Photography LLC		Date [MM/DD/YYYY]
House # 2199 Stre	et/Address Foxboro Ct.		Description of Expenditure
Gity : Erie	State PA	Zip Code 16510	Social Media Photographs
To Whom Paid DeSant	tis Signs & Graphics Inc.		Date [MM/DD/YYYY] \$ 597.48
House # 540 Street	et Address West 18th Street		Description of Expenditure
City. Erie	State PA	Zip Code 16502	Campaign yard signs
To Whom Paid Comm	unity Access Media		Date [MM/DD/YYYY]
House # 142 Stree	t Address West 12th Street		Description of Expenditure
City Erie	State PA	Zip Code 16501	Candidate Media Segment
To Whom Paid PrintPl	ace.com		Date [MM/DD/YYYY]: \$ 205.35
House # 1130 Stree	et Address 1130 Ave H East		Description of Expenditure
City Arlington	State: TX	Zip Code 76011	Campaign door hangers
To Whom Paid		Total Additional and A	Date [MM/DD/YYYY] \$
House# Stree	t Address		Description of Expenditure
Gity	State	Zip Code	
To Whom Paid			Date [MM/DD/XYYY] \$
Hőüse# Stree	et Address		Description of Expenditure
Gity	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Stree	et Address		Description of Expenditure
GHV.	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Stree	et Address		Description of Expenditure
City	State .	Zip Code	The state of the s