

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

Filer Identification	Report Filed By Cand	date Committee	Lobbyist
Number Name of Filing Committee, Candidate or	COMMITTEE T	TO FLIT TOLLT	LOOMIS SherIFF.
Lobbyist Street Address	COMMITTEE !	JONES LANE	Lour Ho SH
City ERIE	C/0 3 /08   State	PA . Zip Code	16505
Type of Report (Place x under report type)	The second secon		
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Pos	+ 4-6th Tuesday 5-2nd Frid	y   6-30 Day Post   7- Annual	Special 2 <sup>nd</sup> Friday   Special 30 Day
Pre-Primary Pre-Primary Primary	Pre-Election Pre-Electi		Pre-Election Post-Election
	Year	Amendment	a fermination
Date Of Election (MM/DD/YYYY)		Report	Report
Summary of Receipts and From Date	To Date	For (	Office Use Only
Expenditures 1-1-2		9	
A. Amount Brought Forward From Last Repo	ort \$ 4,447		070 J
B. Total Monetary Contributions and Receip (From Schedule I)	連絡 しっしつ		
C. Total Funds Available	\$ 4.4478	0	
(Sum of Lines A and B) D. Total Expenditures	5 21-186	, <del>o</del>	
(From Schedule III)  E. Ending Cash Balance	\$ 1,7692	O	8
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$ 7		
(From Schedule II) G. Unpaid Debts and Obligations	\$ 2200	<b>⊃</b> 0	
(From Schedule IV)	diaco		
Part 1- If this is a Committee report, treasurer sig		it Section rt, candidate sign here.	
I swear (or affirm) that this report, including the a	ttached schedules on paper, is t	the best of my knowledge and belief t	true, correct and complete.
Swamp to and subscribed before me this	Commonwealth of Po	nnsvivania/ Notary Star	All III
Hank D	Jennifer L. Tur	County	
Signature	^^ Commission	pires October 18, 2022 Printed Nam number 184/1887	150-7664_:
My Commission expires MO. DAY	Member, Pennsylvar		aytime Telephone Number
	zed Committee, candidate shall	sign here.	
Part II- If this is a report of a Candidate's Author  I swear (or affirm) that to the best of my knowled amended.	ige and belief this political comm	ittee has not violated any provisions o	f the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn togend subscribed before me this		110	
day of January so 2	Jehnifer L. Turn	nsylvanie Notary Stall er, Notary Public Signature of Can	didate)
The May 199	. Erie (	res October 18, 2022 Printed Nam	Marin-
Signature OrhW & 2	Commission n	umber 1841 987	434-4515
MY Commission expires MO. DAY YI		Area Code Da	sytime Telephone Number
		· .	<u> </u>

### SCHEDULE I

# Contributions and Receipts Detailed Summary Page

Filer Identification (umber CTE Joh	4N7. L	004	1 /_	S 54	er,		<u></u>
1.Unitemized Contributions and Receipts \$50.00 or Less per C	ontribut <u>o</u> r						
Total for the	reporting period	(1)	\$		: /	/	
2: Contributions of \$50.01 to \$250.00 (From Part A and Part B)				e de la			
Contributions Received from Political Committees (Part A)			\$		$\perp \perp$	$_{\Delta}$ $\Lambda$	
All Other Contributions (Part B)			\$	$\overline{}$	$I_{\perp}$	<u>U'</u>	 
Total for the	reporting period	(2)	\$		$I_{-}$		 
3. Contributions Over \$250.00 (From Part C and Part D)					1/		
Contributions Received from Political Committees (Part C)			\$				 
All Other Contributions (Part D)		-	\$				
Total for the	reporting period	(3)	\$		i.		
4-Other Receipts-Refunds, Interest Earned, Returned Check	;/ETC: (From Part E	)					
Total for the	reporting period	(4)	\$	a paga kang Kanagan asawa 1925 kana			
Total Monetary Contributions and Receipts during this reporti enter amount totals from Boxes 1, 2, 3 and 4; also enter this a Cover Page, Item B)	ng period (Add and mount on Page 1, R	leport	\$		7 7 7 8		

#### 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.

Lilet Ideituration Annuel	CTE:	JOHN 1.	LOOMIS	SHERIPI	
			The State of the S	Amou	nt
Full Name of Contributing			Date [MM/	DD/YYYY] S	
Committee				(6)	
House # Street Ac	idress		Date [MM/	gp/yyyy] \$	
City	State	Zip Code	Date [MM/	gD/YYYY] /\$	
Full Name of Contributing		1	Date (MM)	DD/YYYY S	
Committee			$\Delta I$	<b>5 6 6 6 6 7 6 7 7 7 7 7 8 8 9 9 9 9 9 9 9 9 9 9</b>	
House # Street A	ddress	. 17	Date (M)M	DD/MM] S	•
		10		(BD/0000) = 25	
Gry	State	zip Code	Date IVIIVI	DD/YYY] S	
Full Name of Contributing		V	Date [MM]	(DD/YYY) S	
Committee			27 June 20 William 20 Co. 18 C		
House # Street A	ddrass		Date [MM	(BD/YYYY) \$	
House #			100000000000000000000000000000000000000		1
City	State	Zip Code	Date [MM	/pD/YYYY] \$	
Full Name of Contributing			Date [MM	PD/YYYI \$	
Committée				Associated the second	
House # Street A	Address		Date (MIV	/PD/YYYYI \$	
			2/542422018/08/2	/@D/YYYY] \$\$	
City	State	Zip Code	Date INIX		
California de			Sparation	/DD/YYYY S	
Full Name of Contributing Committee		•	No. of the Control of	UME ST. S.	·
			Date (MN	I/DD/YYYY] ( S	
House # Street	Address				
	Season 1	Zip Code	DateIMN	V/DD/YYYY] \$	
<u>G</u> hÿ	State	ZIP COUC	1 10 10 10 10 10 10 10 10 10 10 10 10 10		
Full Name of Contributing		N. S.	Date (MI)	MOD/YMYI S	
Committee					
House # Street	Address		Date [MN	(ADD/YYYY) S	
Gty	State	-Zīρ Cöde	Date MA	MADD/XYYY] \$	

#### 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	ITE	JOHNT	LOOM!	5,340	ERIPP
Eul Name of Contributor	en de la composition		Pare M	M/DD/MANUE S	
	rode)			WADDAYYYI S	
House # Street Addr	ess	-	Jage III	WOOD CONTRACTOR	
Giv T	State	Ир Code	Date M	M/DD/AWYM S	
Full Name of Contributor			<b>PDate IM</b>	M/DD/AVXXI S.	
		/			
House# Street Addi	ress			IV/de anexale S	
City 7	State	/lip.code	Date/IN	M/DD/AMMI SX	
Full Name of Contributors			Parell	M/ad/Ayaya S	
	Source Park	· V	- Dara III	IW/ĐĐ/YYYY] S	
House # Street Add	ress				<u> </u>
Giv	State	Zip Gode	30ate (V		
Foll: Nameroi Contributora			Parein	ikvaddaaaaje s	
	Acres (m.)		ne ne re	AIM/ED/AYAYI S	
House# Street Add	lress				
Chr	State	Zip Code	a Date III	MINY DIDYAWAYA SE	
Full Name of Contributor			Parell	MMVBD/AGGML S	
House# Street Add	-		. Date li	MW/DD/YYYYI S	
nouse#			William John La		Total Carlo
Gity	State	Zip Gode	apate [	VINI/DD/YYYYI S	The Control
AFUL Name of Contributor		- Mary and Control of the Control of	ख्या	VIVYEDEVANA (1812)	Paritimen
House## Street-Ad	dress		Date	VIIV/ADD/AYAYI É	24(124) trans
					Section of the sectio
eig.	State	Др:Code	<u> Patell</u>	VIIVI/DD/AYAA/I \$	SI .

#### 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 2	E JOHN	T. LOOMIS :	Sheriff.
		#Datestyly/200	No. 1997 April 1997 Ap
Full Name of  Contributing Committee		Foreston (N. 167)	
House# Street Address		SDate (MM/DE	/MWIE S
	State Zip Gode	Date IMM/DI	/ACCOUNTS
Eity	State Zip Gone		
Full Name of Contributing Committee		Date IMIV/P	
House# Street Address		/ / Jack-Mini/De	
<u>City</u>	State Zij Code	Date [MIV/4D]	7/X/XXI
Full Name of Committee	. /	Date (MM/A)	DAMAGE S
House# Street Address		Date (MM/D)	)/MYM18: \$5
Gry	State! Zíp Code		
Full Name of Contributing Committee		apate (MIXI/D)	7/A3CO[] 55
House #   Street Address		gyww/g	DAMMA S.
Gity.	Sfate Zip Gode	Date (MIN/A)	7AWARE S
Full Name of Contributing Committee		¿Date (M/M/)	9/06018 S
House # Street Address		Date (MIV)	D/MAM), (5
Gity A	State Zip Code		D/M·(A) S
Gull Name of Contributing Committee		seatesimiv/ie	DANGOS S
House # Street Address		Date MAYA	D/YYYY 5.
City	State Zip Code	Date (MIV/A	DAYAH) S

#### 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)

Panierallaceo Eusiness

Filer/Identification Number:	TE:	JOHN T.	LOOMIS 5	KRIFF
Full Name of Contibutor			Date MM/DD/A	
House # Street Addres		100000000000000000000000000000000000000	Date (MM/DD/YY)	
City  Employer Name	State	-Zip Code	Occupation	
Employer Mailing Address / Principal Place of Business		1	Date MW/DD/N	WEST EST
Full Name of Contributor  House # Street Addre	02 62	11/0	patellimit/bb/AY	
Induse # Street Galace	State	Zip Çode *	adata (Miw/DD/AY	AAI 22
Employer Name			Occupation	
Employer Mailing Address/ Brinapal Place of Business Full Name of Contributor			SDEKEKMINDDYEK I	MI S. S.
House# Street Addi.	<b>255</b>	· · · · · · · · · · · · · · · · · · ·	SDatie [MIW/DD/Y:	M12 = \$
<u>and the second </u>	State	Zip Code	abate (MIW/DD/A)	(YY) 35 35
Employer Name Employer Mailing Address / Principal Place of Business			Occupation	
Full Name of Contributor	5248		apata iyilyyobla	
House# Street Addr			©Date IMM/PD/1	
Gity Employer Name	State	Zip Code	#Occupation	
Employer:Mailing Address /				

#### 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.

Filer identification Number:	CTE	JOHN	T. LOOM 15	SLARIFF
	et Address	Form washings	Salaran and Assault Salara	DEPOT DEPOT DE SANT
City Freeign Description		State	Code	Date IMIM/DD/YYYYI \$.
Full Name House # Stree  City	et Address	State.	IP Code	PACIMMID MMI S
Receipt Description :				
House# Stree City  Raceipt=Description	er Address	State	Zip Gode	Pate [MM/PD/YMYI 5
Full Name Housa# Stre	et Address			
Crty  Receipt Description 3.1.		State	Zip Code	Date IMINI/DD/YYYY \$
IFUI! Name  House# Stre	et-Address	State	Ap.	Date MM/DD/WWW 5
Receipt Description			Code	
Full Names a  Riouse # Stree  City	et/Address	State	ZIp Code	patellww/pp/www
Receipt Description				

#### **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

Filer identification Number: 1	ITE J	SHNT. LOO	415, Sheri	FF
1 3 AUNITEMIZED IN KIND GONT	RIBUTIONS REGELVEDE	Value of Seron of the Septe	Converigence	
TOTAL for the reporting period	(1)	3		
2. INEKIND CONTRIBUTIONS R	GEIVEDEVALUE (OFSSE)	01-10/525000(EROM)/AR	/ 1/2	
TOTAL for the reporting period	(2)	\$ /	10100	
3 IN-KIND CONTRIBUTION REC	EWED-VARUEOVERS	SECO (EROMPARISC)	1	
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3			

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

THE (Genante Monde)	CTE JOHNT.	LOOMS Sheriff
Raulana da sontalo tota		Data MW/DD/AYMAES
House # Stre	et Address	Date [MM/DD/ECYY] - 5
City	State Zip Gode	Oate IMM/DD/AYYYI #5
Description of Contributio		DIEMWID MANIS
Full Name of Contributor		
House# Stre	et Address	Date (MM/DD/AYYY) \$5
ECITY	State: Zip Code	Date [MW/DD/ANYM]: 53
Description of Contributio		TO THE MANAGEMENT OF THE PARTY
Full Name of Contributor		The state of the s
House # Str	eet Address	Date MM/DDAYXXI
Gity.	State Zip Gode	Date [MM/DD/MYXT] 5
Description of Contribution		
## Parily/Sultanted # Gottle in 170 i		SDETCHMIN/ADD/AAAMER S
Flouse # Str	eet Address	Date (MM/DDAYYA): \$
Gity	State Zip.Code	Date IMM/DD/WYMI 5
Description of Contributi	on.	
รูบแลงระกายเกิด		Specesiwina opa, vasasi ezz
		Date MM/DDAWY1 5:
House:#	reet Address	STATE IMMANDARY STA
Crity	State Zip Code	Date [MM/DD/AYASY] s
Description of Contributi	on and the second secon	

#### SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

and the control of th	the second of the second of the second			
A THE RESERVE AND SERVED THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY				_1
Filer Identification Number	^ -		- /	
	/ L	· / · / · · ·	1 1 / 6	
	/ 1 - 7 / -	10 41 1	/ / / / / / / / \	
	, , , <u>, , , , , , , , , , , , , , , , </u>		7 1 1 1 1 7 7 1 1 3	
	1 m/ Z			

Füll Name of Contributor	Date [MM/DD/AYYY]
House # Street Address	Date [MN/DD/YYYV] \$
	Date (MM/DD/NYYT)
Employer Mailing Address / Principal	Occupation #
Place of Business	or Centribution
Full Name of Contributor	Date MM/DD/AAVAY
House # Street Address	Date [MM/DD/YYYY] \$
State Zip Code	Date [MM/DD/YYYY]
Employer Name	LOCATION S
Employer Mailing Address / Principal) Place of Business	Description: of @Contributions
Full Name of Contributor	idata iminyodynamai si
House # Street Address	Date IMM/DD/YYYI
City State Zip Gode Z	Date [MM/DD/YYYY] \$
Employer Name	Occupation:
Employer Mailing Address // Principal Place of Business	Description of Contribution Contribution
(Rull-Name-ora-contributor	Pate-(MIN/BP/AYAY)
House # Street Address	©Date IMM/ED/MYYYI 25
State   Zip Gode	*Date*[MIM/BID/NYYY]
Employer Name	Occupation
Employer Mailing Address / Principal IPlace of Business	Description: Of Contribution:

### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	D
CTE JOHN T. LOOMIS ShERIF	From 1-1-19 To 12-31-19
	10 7000
SARAH REED Souper Bowl Mailing Address	MO. DAY YEAR Amount
Mailing Address, STA LOCK.	Description of Expenditure
City State   Zip Code (Plus A	EVENT TICKETS X2
ERIE Zip Code (Plus 4) To Whom Paid	
To Whom Paid  INKED BY PINK  Mailing Address	MID DAY YEAR Amount 5000
Mailing Address DOK 8/77	FURST TUKETS
ERIE Zip Code (Plus 4)	
DAUE RIDGE FOR JUDGE Mailing Address	MO GAY YEAR Amount 5 / 00 00
Mailing Address POBOX 9404 City	Description of Expenditure
Cfty State   Zin Code (Plus 4)	FUENT TICKET 7-21-19
ERIE State Zip Code (Plus 4)  16505-8404	
TO WHOM Paid ISUN 4-WIN PETE SALA - JUDGE Mailing Address	MO Description of Survey Amount \$ 274 00
Mailing Address 40 735 FRENCH ST	best iption of expenditure
ERIC, State Zip Code (Plus 4)	Sucot TICKETS/DONATION
To Whom Basel	
JOE SINNOTT FOR JUDGE  Mailing Address	Description of Everything
1033 STATE ST. ROOM 33	- Expenditure
ERIC State Zip Code (Plus 4)  A /650/ -	EVENT TICKETS
To When Dold	80877 2088 50007074 7700 5000707070
ERIE-CRAWFORD LABOR COUNCIL	\$ 13000
32 West 8th ST. SUITE 604	Sucut 7,4KcTS
City  ERIE  State Zip Code (Plus 4)  To Whom Paid	
TO WHOM Paid  TE ERIN CONNOLLY	Mid. SAY YEAR Amount
Mailing Address	Mid DAY WEAR Amount \$ / D Description of Expenditure
City   State   Zip Code (Plus 4)	EVENT TILKETS
To Whom Paid 57. Jude School	MG DAY YEAR Amount
Mailing Address	Description of Expenditure
Lity /	DUNATION/FUNDKAISER.
ERIE Zip Code (Plus 4)	/
Inter Grand Total of Every W.	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page	ge, Item D. \$ \$6400

### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	- LOOMIS SterIFF	Reporting Period
To Whom Paid	DOUTH SPEKIT	From 1-1-19 To 12-31-
CTE PETE 56	LA-JUDGE	MO DAY YEAR Amount 150°C
0/0 755 FRENC		Description of Expenditure
ER/E To Whom Paid	Sporte Zip Code (Plu	is 4)
CTE JOHN GR	20H Supervisor	MO DAY YEAR Amount 5000
City		FUCUT PROHAM AD.
	State Zip Code (Plus	5 4)
To Whom Paid  TE ERIN Co,  Mailing Address	WOLLY.	Description of 5
City City	,	Description of Expenditure  EVENT TICKETS /AT
	State Zip Code (Plus	4
ERIE-CRAW FORTS	LABOR COUNCIL	Description of Experience
32 8 85T	51.604	Description of Expenditure  EVOUT TICKET & AT
ERIC	State Zip Code (Plus	4)
Whom Paid TIM MCRSKI	YEUDRIAL DINNER	**************************************
y		Description of Expenditure
	State Zip Code (Plus 4	MOLORIAL AD/PROGRAM.
PRIENDS OF 574	EVE OLER CONCIL	MG BAY MEAS Amount \$ 10000
iling Address		Description of Expenditure  CURVI TICKCIS.
	State   Zip Code (Plus 4	1 2000 11665
Whom Paid  FRICUDS OF July  Ling Address	e SherBer MAVOR	NO DAY YEAR Amount
		Description of Expenditure
	State Zip Code (Plus 4)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Nhom Paid RITA BISH	of.	MG DAY YEAR Amount
ing Address		Description of Expenditure
	State Zip Code (Plus 4)	TUCH THEIS
or Grand Tatal ac		PAGE TOTAL OC
च जाबाव । otal of Expenditu	res on Page 1, Report Cover F	Page, Item D. PAGE TOTAL 00 \$ 920

#### SCHEDULE III

- - 1

### **Statement of Expenditures**

CTE JOHN T. LOOMIS SKRIFF				
To Whom Paid To OO ( FOO)	7-1-19 25460			
House H. Street Address 1340 E. 12 T	7-1-19 059 Description of Expenditure			
State PA Good 16503	SheriFF ASSOC. PILNIL.			
To Whom Paid: HOLY TRINITY CLUB	7-16-19 10000			
House # Street Address EAST 23 PD 57	Description of Expenditure			
State PA Code 16503	ZABAWA CeleBRATION			
AJO FOUNDATION	Date [MM/DD/YYYY] S /0000			
House# Street/Address City State Zip.	Description of Expenditure			
©ÖĞ€	DONATION			
TOWNOM Paid ERIE COUNTY SherIFF POSSC  HOUSE# Street Address	Date [MIV/DB/YYYY] 35 100 00  B - 11 - 19 100 00  Description of expenditure			
Griy State Zip Gode	EVENT AD.			
TOWNOM PAID CTE KYLE FOUST.	8 22-19 10000			
House# Street Address	Description of Expenditure			
State Zig Gode	EVENT TILKETS			
ERIE-CRAWFOND LABOR COWLL	8-24-4/ 50°0			
House# 32 Street Address W. BILST, Suite 604	Description of Expenditure			
State PA Zip 1650/	DATE IMM/DD/MYNY S 1000			
HOUSE# Street Address	Description of Expenditure			
Ctty State ZIP	Event DONATION/TILLETS			
Fo:WhomePaid	Date [MW/DD/YYY/] S			
irouse# Street Address	Description of expenditure			
State Zip.  Gode:				

Page = 89460

#### 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 7	- LOOMIS S	SHERIFF
Name of Creditor	JOHN T. LOOM!	5	Outstanding Balance of Debt.
House # Stre	et Address 2921 W 32Nd Sta	DATE DEBT INCURRED [MM/DB/YYYY]  ate CA Code /650	2,200
Description of Pelic	STANT UP	-	
Name of Creditor  House # Stre	et Address	DATE DEBT INCURRED	Outstanding:Balance of Debt.
City	Sta	ate. Zip:	
Description of Debt.			
Name of Greditor. Flouse# Stre	et Address	DATE DEBTINGURRED:	Outstanding Balance of Debt
City Description of Debt	Sta	ate Zp Code	
Name of Creditor			Outstanding Ballance of Debt
House # Stre	et Adoress	DAYE DEST INGURRED [MW/DD/XXXXI	
City  Description of Debt	Ste	ate Zip. Gode	
Name of Greditor			Outstanding Balance of Debt
	Set Address	DATE DEBT INCURRED	\$
City	Siz	ate.	
Description of Debt.		- TO SECT.   TOWARD AND AND AND AND AND AND AND AND AND AN	
Name of Greditor	eet-Address	DATE DEBT INCURRED.	Outstanding Balance of Debt
Gity		IMM/pd/seed	
		Code	