

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Millcreek Democratic Committee						
Street Address	1526 High St.						
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)	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
	01-01-2018	12-31-2018	
A. Amount Brought Forward From Last Report	\$	2,287.16	<p>2019 JAN 23 PM 2:50</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p> <p>FF</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,805.00	
C. Total Funds Available (Sum of Lines A and B)	\$	5,092.16	
D. Total Expenditures (From Schedule III)	\$	2,180.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,912.16	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

## 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 23<sup>rd</sup> day of January 2019

Signature Alice E. Niebauer

My Commission expires 4-3-19 MO. DAY YR.

Signature of Person Submitting report Alice E. Niebauer

Printed Name Alice E. Niebauer

Area Code 814 Daytime Telephone Number 864-9474

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 of \_\_\_\_\_ 20\_\_\_\_

Signature \_\_\_\_\_

My Commission expires \_\_\_\_\_ MO. DAY YR.

Signature of Candidate \_\_\_\_\_

Printed Name \_\_\_\_\_

Area Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

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

<b>Filer Identification Number</b>		<i>Millcreek Democratic Committee</i>
<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ <i>1,525.89</i>
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	<i>320.00</i>
All Other Contributions (Part B)	\$	<i>759.11</i>
Total for the reporting period	(2)	\$ <i>1,079.11</i>
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	<i>0</i>
All Other Contributions (Part D)	\$	<i>0</i>
Total for the reporting period	(3)	\$ <i>0</i>
<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$ <i>200.00</i>
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)	\$	<i>2,805.00</i>

## 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		Millcreek Democratic Committee						Amount	
Full Name of Contributing Committee		Erie - Crawford Central Labor Co				Date [MM/DD/YYYY]		\$	100.00
House #		32				Date [MM/DD/YYYY]		\$	
Street Address		W. 8th St, Suite 604				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
ERIE		PA		16501				\$	
Full Name of Contributing Committee		Committee to Elect Kathy Fatica				Date [MM/DD/YYYY]		\$	60.00
House #		4623				Date [MM/DD/YYYY]		\$	60.00
Street Address		Southern Dr.				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
ERIE		PA		16506				\$	
Full Name of Contributing Committee		Committee to Elect Ryan Bizzarro				Date [MM/DD/YYYY]		\$	100.00
House #		6350				Date [MM/DD/YYYY]		\$	
Street Address		Meddowrue Lane				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
ERIE		PA		16505				\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]		\$	
Street Address						Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
								\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]		\$	
Street Address						Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
								\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]		\$	
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	Millcreek Democratic Committee	pg 1
-----------------------------	--------------------------------	------

Full Name of Contributor					Date [MM/DD/YYYY]	\$
James McCall					04-19-2018	80.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
652	Gold Ave.					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Erie	PA	16509				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Jessie Rathbun					04-16-2018	80.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
161	S. Oak Ridge Circle			10-04-2018		60.00
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Erie	PA	16509				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Brian McGrath					04-19-2018	59.11
House #	Street Address			Date [MM/DD/YYYY]	\$	
4008	Commodore Dr.					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Erie	PA	16506				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Paul Niebauer					08-22-2018	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
1526	High St.					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Erie	PA	16509				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Ron Diehl					07-16-2018	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
214	Roslyn Ave.			10-04-2018		60.00
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Erie	PA	16505				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Julie Slomski					08-01-2018	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
5510	Mill St.					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Erie	PA	16509				

## 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:	Millcreek Democratic Committee	pg. 2
------------------------------	--------------------------------	-------

Full Name of Contributor					Joh Groh		Date [MM/DD/YYYY]	\$	60.00
House #	603	Street Address	Montpelier Ave.		Date [MM/DD/YYYY]	\$			
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Kim Clear		Date [MM/DD/YYYY]	\$	60.00
House #	6060	Street Address	Briar Dr.		Date [MM/DD/YYYY]	\$			
City	Erie	State	PA	Zip Code	16506	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]	\$		
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	Millcreek Democratic Committee
-----------------------------	--------------------------------

Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0
House #	Street Address	Date [MM/DD/YYYY]	\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0
House #	Street Address	Date [MM/DD/YYYY]	\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0
House #	Street Address	Date [MM/DD/YYYY]	\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0
House #	Street Address	Date [MM/DD/YYYY]	\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0
House #	Street Address	Date [MM/DD/YYYY]	\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0
House #	Street Address	Date [MM/DD/YYYY]	\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0
House #	Street Address	Date [MM/DD/YYYY]	\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$

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:	Millcreek Democratic Committee
------------------------------	--------------------------------

Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

## 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:	millcreek Democratic Committee
------------------------------	--------------------------------

Full Name	millcreek Township Supervisors								
House #	3608	Street Address	w. 26 <sup>th</sup> St.						
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	09-11-2018	\$	200.00
Receipt Description	Refund of Security Deposit for Picnic								

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	0
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	0
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	0
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	0
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	0
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**

Filer Identification Number:	Millcreek Democratic Committee
------------------------------	--------------------------------

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the reporting period	(1)	\$	0

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the reporting period	(2)	\$	0

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART F)</b>			
TOTAL for the reporting period	(3)	\$	0

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)		\$	0
---	--	----	---

**SCHEDULE II**

**PART F**

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number	Millcreek Democratic Committee
-----------------------------	--------------------------------

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Description of Contribution							

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

<b>Filer Identification Number:</b>	Millareek Democratic Committee
-------------------------------------	--------------------------------

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
							0
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$		
						0	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
						0	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
							0
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$		
						0	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
						0	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
							0
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$		
						0	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
						0	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
							0
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$		
						0	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
						0	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	Millcreek Democratic Committee
------------------------------	--------------------------------

To Whom Paid		millcreek Twp. Supervisors		Date [MM/DD/YYYY]		\$ 370.00	
House #	3608	Street Address	W. 26 <sup>th</sup> St.		Description of Expenditure		
City	Erie	State	PA	Zip Code	08/23 Picnic + Deposits		
To Whom Paid		Erie Co. Democratic Party		Date [MM/DD/YYYY]		\$ 475.00	
House #	1305	Street Address	State St.		Description of Expenditure		
City	Erie	State	PA	Zip Code	16501 Spring Dinner		
To Whom Paid		Ceviche On The Bay		Date [MM/DD/YYYY]		\$ 560.00	
House #	802	Street Address	W. 18 <sup>th</sup> St.		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502 Picnic Catering		
To Whom Paid		Erie Co. Democratic Party		Date [MM/DD/YYYY]		\$ 600.00	
House #	1305	Street Address	State St.		Description of Expenditure		
City	Erie	State	PA	Zip Code	16501 Fall Dinner		
To Whom Paid		Sportsman's Club		Date [MM/DD/YYYY]		\$ 175.00	
House #	2727	Street Address	W. 8 <sup>th</sup> St.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16505 Candidate Meet & Greet		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

**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:	Millcreek Democratic Committee
------------------------------	--------------------------------

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$	0		
City		State	Zip			
			Code			

Description of Debt	
---------------------	--

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$	0		
City		State	Zip			
			Code			

Description of Debt	
---------------------	--

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$	0		
City		State	Zip			
			Code			

Description of Debt	
---------------------	--

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$	0		
City		State	Zip			
			Code			

Description of Debt	
---------------------	--

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$	0		
City		State	Zip			
			Code			

Description of Debt	
---------------------	--

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$	0		
City		State	Zip			
			Code			

Description of Debt	
---------------------	--