Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer dentification Number	Report Filed By Candi (Mark X)	date*'s	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Millcreek F	emocra	tic Committee	-
Street Address	1526 High	St.		f
chy Erie	State	PA	Zip Code 16509	
Type of Report (Place x under report type)				
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday 5-2 nd Frida Pre-Election Pre-Electio		7- Annual Special 2 nd Friday Pre-Election	Special 30 Day Post-Ejection
Date Of Election (MM/DD/YYYY)	Year 2018	Amendment Report	Termination Report	
Summary of Receipts and Expenditures OI-OI-20	8 12-31-2018		Far Office Use Only	
A. Amount Brought Forward From Last Repol	12,287.16		•	3
B. Total Monetary Contributions and Receipt (From Schedule I)	2,805,00	_	erente Control Control Control	1559
C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures	\$ 5,092.16	-	mm ! 22 20 20 20 20 20 20 20 20 20 20 20 20	Control of the Contro
(trum ocheque in) e: Ending Cash Balance	2,180,00		58	C .) (a)
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II)	\$ 2,912.16	_	RT C	0.5 to 10.6 ×
G. Unpaid Debts and Obligations (From Schedule IV)	\$		engit efficie	4 <i>1</i>
Part 1- If this is a Committee report, treasurer sign is	Affidavit nere. If this is ⊲a Candidate neport.			
I swear (or affirm) that this report, including the att				lete.
Sworn to and subscribed before me this day of	SYLV 3. 2016 0F NO	Marie a	L Welacce	
day of Variable 120 11	FINNS Public ounty April 3.	Signatur	of Person Submitting report	
Signature Source W	HOF PERINGEN FOR THE CO	Hlice E	Niebauere Printed Name	
My Commission expires 4-3-19 MO. DAY YR	. I NOTAR NOTAR NO Erie Of Erie Issíon E	814 Area Code	864-947 <i>4</i> Daytime Telephone Num	<u>f</u> ber
Part II- If this is a report of a Candidate's Authorized	S EQF2	here.		
I swear (or affirm) that to the best of my knowledge amended.	and belief this political mmitted	ee has not violated a	ny provisions of the Act of June 3, 1937	7 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	UL			
day of20	_ '	<u> </u>		
	_ ! _	Si	gnature of Candidate	
Signature	. 1		Printed Name	*
My Commission expires	 	Area Code	Daytime Telephone Numb	er
			J. 1.4	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
Millcreek Democratic Committee	x Democratic Committee

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	1,525.89
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	326.00
All Other Contributions (Part B)		\$	459.11
rotal for the reporting period	(2)	Ş	1,079.11
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$. 0
All Other Contributions (Part D)		¢	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	Ś	200,00
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, Rep Cover Page, Item B)	port	\$	200,00 2,805.00

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.

Millcreek Democratic (Dommittee	
		Amount
Full Name of Contributing	Date [MM/DD/YYYY] \$	
Committee Erie-Grawford Central Labor Co	08-15-2018	100,00
Frouse # 32 Street Address W.8 St. Suite 604 City ExiE State PA Zip Code 16501	Date [MM/DD/MMM] \$	
City State Zip Code	Date [MM/DD/YYYY] S	
ERIE PA 16501		
Committee C. 11. 1 El-41/01/ Collins	Section 1	•
Committee to Clea Namy Patica	09-17, 2018	60,00
Fluid H. Street Audress	Date [MM/DD/YYYY] \$	
4623 Southern DR.	10-04-2018	60.00
City State PA Zip.Code 16506	Date [MM/DD/YYYY] \$	
Full Name of Contributing	Date [MM/DD/YYYY] \$	
Committee to Elect Ryan Bizzarro	09-30-2018	100.00
House # Street Address	Date [MM/DD/YYYY] \$	
6350 Meddowrue Lane		
State PA Zip Code 16505	Date [MM/DD/YYYY] \$	
Full Name of Contributing	Date [MM/DD/YYYY] S	
Gommittee		
TVUSC.# SIFEL AUGICSS	Date [MINI/DD/1111] 5	
City State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	Date [MM/DD/YYYY] 5	
_Committee		
House # Street Address	Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	Date [MM/DD/YYYY] \$	
Committee	Pace (MINITON) 1111 3	
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.)

Allcreek Democratic Con	mmittee	pg 1
Full Name of Contributor Tames McCall House # Street Address Gold Ave.	Date [MM/DD/YYYY] 5 OH-19-2018 Date [MM/DD/YYYY] 5	80.00
City Exis State PA Zip Code 16509	Date [MM/DD/YYYY] \$	
Full Name of Contributor Jessie Rathbun House # Street Address	Date [MM/DD/YYYY] \$ 04-16-2018 Date [MM/DD/YYYY] \$	20,00
161 S. Oak Ridge Circle	10-04-2018 Date [MM/JD/VVVI] \$	60.00
ERIE PA 16509 Full Name of Contributor Brian McGrath House # 1	Date [MM/DD/YYYY] \$ 04-19-2018	59.11
House # 4008 Commodore DR. City Exie PA Zip Code 16506	Date [MM/DD/YYYY] - 5 Date [MM/DD/YYYY] - 5	
Full Name of Contributor Paul Niebauer House # Street Address	Date [NIM/DD/YYYY] \$ 08-22-2018 Date [MM/DD/YYYY] \$	100.00
1526 High St. City Exie State PA Zip Code 16509	Date (MM/DD/YYYY) \$	
Ron Dienl House # Street Address	07-16-2018 Date [MM/DD/YYYY] \$	100,00
214 Roslyn Ave.	10-04-2018	60,00
Full Name of Contributor Julie Slomski House # Street Address	Date [MM/DD/YYYY] \$ 08-01-2018	100.00
State PA Zip. Code 16509	Date [MM/DD/YYYY] \$ 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.)

Full Name of Contributor Full Name of Contributor City EK E Strate PA Zip Code 16505 Date [MM/DD/YYYY] S Full Name of Contributor City EK E Strate PA Zip Code 16505 Date [MM/DD/YYYY] S Full Name of Contributor City State PA Zip Code City Strate PA Zip Code City State Zip Code City C	Filer Identificat	milla	reek Do	emocratic	Committee		pg.2
House # 603 Street Address Mont pelier Ave. Date MM/DD/YYYY \$	Full Name of	Contributor			5	2 A 3 1	7.0
House # Breet Address Mont pelier Ave. Date [MM/DD/YYY] \$		To	h Gra	h		isi d	
City Exie State PA Zip Code 16505 Date [MM/DD/YYYY] \$ Full Name of Contributor Kim Clear Date [MM/DD/YYYY] \$ House # Bobo Street Address Briar Dr. Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$	House#	Carrie & Million					60.00
Full Name of Contributor Full Name of Contributor City Street Address House # Street Address City State City	6	03	Monto	alian Ava			
Full Name of Contributor Full Name of Contributor City Street Address House # Street Address City State City	Circle 1	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	\$	
House # Clear 10-17-2018 60,000	1 2	eie	PA	16	505	12-4 E ₂₋₁ 1	
House # Briar Dr. Sine DA TOTALINE Evil Name of Contributor Full Name of Contributor Full Name of Contributor State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Full Name of Contributor Full Name of Contributor Full Name of Contributor State Zip Code Date [MM/DD/YYYY] \$ Pate [MM/DD/YYYY] \$ Full Name of Contributor Full Name of Contributor Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	Full Name of	Contributor			Date [MM/DD/YYYY]	\$	
House # 6060 Street Address BRIAR DR. Size Address BRIAR DR. Full Name of Contributor Full Name of Contributor Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Full Name of Contributor Full Name of Contributor Full Name of Contributor Date [MM/DD/YYYY] \$ Full Name of Contributor Full Name of Contributor Date [MM/DD/YYYY] \$		Kim	Clear		10-17-2018		60.00
Exile State PA 7th Ende 16506 Full Name of Contributor House # Street Address Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$			Q n ·	D :=		\$	
Full Name of Contributor City	= ■ No 17	060	DRIAR	DR.			
Full Name of Contributor Full Name of Contributor State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$	\mathcal{L}	pie	Siane O/		576 Date IMM/DD/VVVI	∕%	
City State Zip Code Date [MM/DD/YYYY] \$	150 E.S. (150 E.S.)		Like and Pr	1 70		Operation	e e sere se
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$					Date [MIM/DD/1111]	5	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$	E Novembel						
Full Name of Contributor Date [MM/DD/YYYY] \$		140 kg 164 kg			Granden and Judent and Judent and Judent and Judent and		
Full Name of Contributor Date [MM/DD/YYYY] \$	City	4.1	State	Zin Cade	Date IMM/DD/VVVVI	<u>. </u>	
House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Full Name of Contributor 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] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$	Full Name of (Contributor			Date IMM/DD/YVYYI	<u>.</u>	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$							
Full Name of Contributor House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	House#	Street Address			Date [MM/DD/YYYY]	\$	
Full Name of Contributor House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$							
House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	City	tribles of the	State	Zip Code	Date [MM/DD/YYYY]	\$	
House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$						<u> </u>	
Full Name of Contributor Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S	Full Name of (antributar			Date [MM/DD/VVVV]	\$	
Full Name of Contributor Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S) (2),5,5	
Full Name of Contributor Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	\$	
Full Name of Contributor Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] \$						- v -	
House # Street Address Data [MM/DD/YYYY] \$						•	
House # Street Address Data [MM/DD/YYYY] \$	Full Name of C	ontributor	19 11 1.3		Date (MISS /DD /WYW)		
					Date (MIM/DO) LLELI		
	House #	Street Address			Date IM6#/hrs/vovvv	-	<u> </u>
City State Zip Code Date [MM/DD/YYYY] \$	Nag Juji V					조네 영화	
	City		State	Zip Code	Date [MM/DD/YYYYI	<u>s _</u>	

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] \$	
Hance # Street A	darres		nate (MM/ph/////)	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
contributing committee			C41-(0107-77-1-1-1)	\circ
House # Street A	ddress		Date [MM/DD/YYYY] \$	0
City	State	Zip Code	Date [MM/DD/YYYY] \$	0
Füll Name of Contributing Committee			Cate (MM/DD/XXXX)	0
House # Street A	ddress		Date [MM/DD/YYYY] S	0
Gity	20162000000000	Zip/Code	Date [MM/DD/YYYY] \$	0
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House# Street A	ddress		Date [MM/DD/YYYY] \$	0
. City.	State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	<u> </u>
House # Street A	ddress		Date [MM/DD/YYYY] \$	0
Gitý	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	0
House # Street A	ddress		Date [MM/DD/YYYY] \$	0
City.	State	Zip Code	Date [MM/DD/YYYY] S	<u>a</u>

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/XYYY]		
House # Stre	at Addracs		Date IMM/DD/YYYYI	\$	
City	State	Zip Code	Date (MM/DD/YYYY)	\$.	0
Employer Name Employer Mailing Address	V.		Gecupation		
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY]		0
	et Address	Reports a resolution for the processor	Date [MM/DD/YYYY]		
City Employer Name	State	Zip Code	Date [MM/BD/XYYY] Occupation	S	0
Employer Mailing Address Principal Place of Business					
Full Name of Contributor			Date (MM/DD/YYYY)	5	0
	et Address	Towns and the man for the constraint	Date (MM\DD\\\XXXX)		Ô
City	State	Zip Code	Date (MM/DD/YYYY) Occupation	\$	0
Employer Name Employer Mailing Address Principal Place of Business				 	· .
Full Name of Contributor			Date [MM//OD//////	\$	0
Tiousem Sire	er Address		oare (mini/pp/) 111 ()		8
City	State	Zip Code	Date [MM/DD/YYYX]	.	0
Employer Name Employer Mailing Address Principal Place of Business			Occupation		

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:	millareel	k Demo	cratic Co	mmittee	
Full Name	mille v		1. <	k	
House # 3608 Stre	et Address	10WNS	hip Super	VISORS	
City		Jiere	ZIP	Pare Insidice (11.11)	
Receipt Description	ERIE	PA	16506	69-11-2018 For Picnic	200.00
Full Name	Ketund of	Securi	ty Deposit	tor Picnic	
	et Address				
		State	Zip	Date [MM/BD/YYYY] \$	
Receipt Description		0.00	Code		
FULLName			·		
	et Address				
City .		State	Zip	Date [MM/DD/YYYY] \$	<u> </u>
			Gode		O
Receipt Description					
Full Name			····		·
House # Stre	et Address	State			
			FAAS		Ö
Receipt Description	,	A CONTRACTOR OF THE CONTRACTOR	10 cmanning are 23	Principle of the Control of the Cont	
Full Name					
THE PERSON NAMED OF THE PE			Note: Southerness and State St		
CLID Company of the C		State	Zip. Code	Date (MM/DD/YYYY) \$	0
Receipt Description		**************************************		以	
Full Name				· · · · · · · · · · · · · · · · · · ·	
	et Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	0
Reseint Darczinties		TEST			
The state of the s					

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:	Milloreek Den	nocratic	Committee	
1. UNITEMIZED IN-KIND (ONTRIBUTIONS RECEIVED-VALUE OF	\$50,00 OR LESS PER C	CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		0
2. IN-KIND CONTRIBUTIO	NS RECEIVED-VALUE OF \$50 (01 TO \$2	50:00 (FROM PARTSE)		
TOTAL for the reporting period	(2)	\$		0
3 INKIND/CONTRIBITIO	Ni penelvenavali je mved 2950 na ve	YARAI DA QT-(2)		
TOTAL for the reporting period	(3)	\$		0
-1	RIBUTIONS DURING THIS REPORTING totals from boxes 1, 2, and 3; also ent	\$ er		
on Page 1, Report Cover Page, Ite				\circ

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Millcreek	Democratic	Committee	
Full Namero sont dibutate			S DESTRUCTION AND THE SECOND S	

Full Name of Contributor			Date [MM/DD/YYYY] \$	0
House # Street Address	·,		Date [MM/DD/YYYY] \$	0
City 1	State	Zip Code	Date [MM/Db/YYYY] \$	0
Description of Contribution				
Full Name of Contributors			Date (MM/DD/YYYY) S	<u></u>
				0
House # Street Address			Date [MM/DD/YYYY] \$	0
City	State	Zip Code	Date [MM/DD/YYYY] \$	0
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] S	
				0
Horica &			Date [MM/DD/WWY] S	0
City.	State	Zip Cade	Date [MM/DD/YMY] \$. 0
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	G
House #. Street Address			Date [MM/DD/YYYY] \$	0
W.	Chara	7in Fade	Date MM/nn/WWV) C	0
Description of Contribution .			1	
Full Name of Contributor			Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
			Date [MM/DD/YYYY] \$	0
House # Street Address			Date [MM/DD/YYYY] \$	0
City Signature	State	Zip Code	Date [MM/DD/YYYY] \$	0
Description of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Milloreek Democratic Comminee

Full Name of Contrib	utor			Date [MM/DD/YYYY] \$	
House #		,		Date [MM/DD/YYYY] \$	0
nouse #	Street Address			Date (MM/DD/T) 11	0
Gity		State	Zip Code	Date [MM/DD/YYYY] \$	\overline{a}
	ukano zaponije ukus kir Soji (1. septia siliku siliku)				
Employer Name				Occupation	
Employer IMailing Ac Place of Business	oress / Ynncipai			ot Contribution	
Full Name of Contrib		i		Date [MM/DD/YYYY] \$	
runianic di contrib	40			Core Intolico Provis	0
Hones#				Dete [MANA/DD/VVVV] C	
		Liverynassa	Long and the state of the state		0
City		State	Zip Code	Date [MM/DD/YYYY] \$	Ò
Employer Name		L		Occupation	
Employer Mailing Ad Place of Business	Arace / Prinzinal			Description of	
				Contribution	<u></u>
Full Name of Contrib	itor			Date (MM/DD/YYYY) \$	
					0
House #	Street Address			Date [MM/DD/YYYY] \$	0
City		"State	Zip Code	Date [MM/DD/YYYY] \$	
					0
Fmnlover Name				Occupation	
Employer Mailing Ad Place of Business				Description of Contribution	
Full Name of Contrib				Date [MM/DD/YYYY] \$	
					0
House #	Street Address			gate (MM/Db/YYYY) 5	ð
Citý .		State	Zip Code	Date [MM/DD/YYYY] \$	
					0
Employer Name		<u> </u>		чскираноп	
Employer Mailing Ad Place of Business	dress / Principal			Description - ai Contribution	v3d

Statement of Expenditures

Filer Identification Number:	Millcreek	Democratic	Committee	

	Millcreek Twp. Su	pervisors	03-26-2018	370,00
	itreet Address W. 26th S	•	Description of Expenditure	
ERie	State	76 506	08/23 Picnic + D	eposits
IO Whom Paid	Erie Co. Democrat	tic Party	04-19-2018	475.00
Walter or Day of the Control of the	treet Address State St		Description of Expenditure	
Erie	State PA	Zip Code 16501	Spring Din	nee
To Whom Paid	Ceviche On The	Bay	Date [MM/DD/YYYY] \$	560,00
80a	treet Address W. 18th St.		Description of Expenditure	
Erie	STATE PA	50HE 16502	Picnic Cate	ering
To Whom Paid	Erie Co. Democrat	ic Party	09-17-2018	600.00
House # 1305	treet Address State St		Description of Expenditure	
Erie	PA	Code 16501	Fall Dinne	e
To Whom Paid	<u> </u>	~ 1 .	Date [MM/DD/YYYY] \$	
1921 C. Sale Long Co. Long and Day South Co. Section And Co.	Sportsman's (Tub	10-15-2018	175.00
House# 2727	treet Address W. 8th S	4.		175.00
House# 2727 S	SEANORS - CAST CO. SECTION CO.		10-15-2018 Description of Expenditure Candidate Med	
House# 2727 S	treet Address W. 8th S	- ,	10-15-2018 Description of Expenditure	
House# 2727 S City ERIE To Whom Paid	treet Address W. 8th S	- ,	10-15-2018 Description of Expenditure Candidate Med	
House # 2727 S City ERIC To Whom Paid House # S	State PA	- ,	Description of Expenditure Candidate Medicate M	
House# 2727 S City ERIC To Whom Paid House # S City S To Whom Paid	State PA	1. Zin	Description of Expenditure Candidate Medicate Medicate [MM/DD/YYYY] \$	
House# 2727 S City ERIE To Whom Paid To Whom Paid To Whom Paid House # S	State PA Treet Address State State Office Address	Zin Code 16505	Description of Expenditure Candidate Medicate M	et é Greet
House # 2727 S City ERIC To Whom Paid House # S City S City S City S S S S S S S S S S S S S S S S S S S	treet Address State PA State	1. Zin	Description of Expenditure Candidate Med Date [MM/DD/YYYY]: \$ Description of Expenditure Date [MM/DD/YYYY]: \$ Description of Expenditure	et é Greet
House# 2727 S City ERIC To Whom Paid House # S City S City To Whom Paid	State PA Treet Address State State Office Address	Zin Code 16505	Description of Expenditure Candidate Med Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$	et é Greet
House# 2727 S City ERIC To Whom Paid House # S City City To Whom Paid House # S City Line City To Whom Paid	State PA Treet Address State State Office Address	Zin Code 16505	Description of Expenditure Candidate Med Date [MM/DD/YYYY]: \$ Description of Expenditure Date [MM/DD/YYYY]: \$ Description of Expenditure	et é Greet

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	

	-Alexander	* Outstanding	Balance of hehi
House#	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	
City!		State Zip	O
Description	of Dept	Personal Section (1997)	
Name of Gr			Balance of Debt
House#	Street Address	DATE DEST INCURRED \$ [MM/DD/YYYY]	
City		-State Zip Code	<u> </u>
Description	ot Dest		
Name of up	BUILOF		Balance or Dept
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