

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

ent 1:1 -161 -1		(*******			u legible. It silo		,	
Filer Identificati Number	on		Report Filed I	By Candid	ite	Committee		Lobbyist
Name of Filing C	Committee, Ca	ndidate or	miller	rook T	Democra	tic C	mmittee	
Street Address					SL	no Ce	mma, ice	
City	En	18	1526	High	PA	Zip Code	16509	
Type of Report (
1-6 th Tuesday	o ond c	2 20 Day Day	a cth Twocday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary	Pre-Primary	Primary	Pre- Election	Pre- Election		/-Aimuai	Pre-Election	Post-Election
						X		
Date Of Election (MM/DD/YYYY)			Year	2020	Amendment Report		Termination Report	
Summary of Rec	eipts and	From Date	To Date	e		For	Office Use Only	
Expenditures		01-01-20		- 2020				
A. Amount Brou			3,3	27.16				
B. Total Moneta (From Schedule	1)	ns and Receipts	5	75.70			·	
C. Total Funds A	the contract of the contract of		\$ 20	1286			à à	3
(Sum of Lines A D. Total Expendi		2000 March 1970 1970 1970 1970 1970 1970 1970 1970	\$ 70	70,00			Firm S	2
(From Schedule	and the second s		3 5	02.86 70.00 32.86			OTER REGI	
E. Ending Cash B			\$,	20 01	1			
(Subtract Line D F. Value of In-Kir		ne Passivad	3/33	02,06			₩.E	
(From Schedule		ins received	3	0				**************************************
G. Unpaid Debts (From Schedule		ns	\$	O	1			
		<u> </u>		Affidavit Se	ction		- 2 %	
Part 1- If this is a C								
•		-	ched schedules or	n paper, is to the	Best of my knowled	ge and belief tr	ue, correct and complet	e.
Sworn to and subset	cribed before ma <i>JANUAR</i> 1		• •	/	Kleie C	5. Y)u	ebauce	
Maney	1 4 Kor	valski		Ŀ	Plice E,	of Person Subm	itting report auele	
J.	Signature		. 1	ı	Ø/.	Printed Name	e	
My Commission ex		16 20	<u> 2</u> 3	_0	3/7	<u> 39</u>	12-5116	
	MO.	DAY YR. ≉ Mm/SS/ON	± 1088734		Area Code	Day	time Telephone Numbe	r
Part II- If this is a re					еге.			
I swear (or affirm) : amended.	that to the best	of my knowledge	and belief this pol	litical committee	has not violated any	provisions of t	he Act of June 3, 1937 (i	P.L. 1333, NO.320) as
Sworn to and subso	cribed before me	e this						
day of		20	- '1	<u></u>			·	 .
].		Sign	ature of Candid	late	
\$	Signature					Printed Name		
My Commission ex	pires MO.	DAY YR.	.	-,	Area Code	Dayti	me Telephone Number	_

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number Milloreek Democratic Committee		
I THE COLUMN TO THE PROPERTY OF THE PROPERTY O	Democitate Committee	

1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 10.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 100.00
All Other Contributions (Part B)		\$ 100.00 70.70
Total for the reporting period	(2)	\$ 170.70
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)	\$ 395,00
otal 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, Reflector Page, Item B)	port	\$ 395,00 575,70

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.

rner identification rain	mil	lcreek	Democratic (ommittee		
						Amount
Full Name of Contribu			_	Date [MM/DD/YYYY]	\$	
Committee		ids of E	Bdb Merski	2-7-2020		100,00
House #	Street Address	<i>a</i>	. —	Date [MM/DD/YYYY]	\$	
		0.Box 6	6'1			0
city ERie	•	State PA	Zip Code 165/2	Date [MM/DD/YYYY]	\$	0
Full Name of Contribu	iting	<u> </u>		Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contribu	ting	<u> </u>		Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contribu Committee	ting			Date [MM/DD/YYYY]	\$	
	 			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/1111]	٦	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contribu	ting			Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	•	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contribu Committee	ting			Date [MM/DD/YYYY]	\$	
House #	Cause Address			Date [MM/DD/YYYY]	\$	
nouse #	Street Address			Date [Willin] DD/ 1111]	7	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
		er er er Frank				

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 De	mocratic Comm	nittee

EPPROPRIES CONTRACTOR AND ADMINISTRA	BATT BASSERSON BASSES						
Full Name of Cont	ributor	0 1	10	1 ,	Date [MM/DD/YYYY]	\$	
	H0555	Kestau	rant Opera	itions.Inc	03-13-2020		70.70
House #	Street Address	<u> </u>	0.1		Date [MM/DD/YYYY]	\$	
170		tatchi	vay Ka.		03-13-2020 Date [MM/DD/YYYY]		6
City Dunca	insville	State	PA Zip Code	16635	Date [MM/DD/YYYY]	\$	0
Full Name of Cont	ributor				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Cont	ributor				Date [MM/DD/YYYY]	\$	
The state of the s							
House #	Street Address				Date [MM/DD/YYYY]	\$	
					te and the comment of the specific production is a second comment of the specific production of the sp		
City	Tell Hands Stratilization with Mail	State	Zip Code		Date [MM/DD/YYYY]	\$	
i and a second				!		105 A 164 A	·
Full Name of Cont	ributor				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	Marie Marie Latera e este a facilitar de la	State	Zip Code		Date [MM/DD/YYYY]	\$,
Full Name of Cont	ributor				Date [MM/DD/YYYY]	\$.	
House#	Street Address	· · · · · · · · · · · · · · · · · · ·			Date [MM/DD/YYYY]	\$	
City	Received of the Save of Sections of	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Conti	ributor				Date [MM/DD/YYYY]	\$	
17						13 M	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	English gardigustadi ayta ≴	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.

|--|

	Zan a sariotean a sart		· · · · · · · · · · · · · · · · · · ·	and the state of t	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Addres	S		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of Contributing Co	mmittee		FS-CTS-SSSSSS	Date [MM/DD/YYYY] \$	
House #	Street Addres	5		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of Contributing Co	mmittee	Piros, sin, coll	(See althought og Healt)	Date [MM/DD/YYYY] \$	
House #	Street Addres	S		Date [MM/DD/YYYY] \$	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	Ô
Full Name of Contributing Co	mmittee	Pariwit & tall	Later - market market by	Date [MM/DD/YYYY] \$	
House #	Street Addres	Ŝ		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Addres	S		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of Contributing Co	mmittee	Is medicine del	Andrew of Manager (1985)	Date [MM/DD/YYYY] \$	
House #	Street Addres	Ş		Date [MM/DD/YYYY] 5	:
City		State	Zip Code	Date [MM/DD/YYYY] \$	0

PART D

Filer Identification Number:

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)

Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
Alleria Park Markage of Re					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	^
Employer Name				Occupation	
Employer Mailir	ng Address./				
Principal Place o	of Business				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	Site St. Audites			3.60	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
					$\overline{}$
Employer Name				Occupation	
Employer Mailir Principal Place c					
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
					· · · · · · · · · · · · · · · · · · ·
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
City		Jace			\circ
Employer Name		LY ASSESSED .	A decident of the particle week	Occupation	
Employer Mailin				Part of the Part Control o	
Principal Place of Full Name of Co	en vorgene no provincia o programação do registro nacionario e que la seguir		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
e Blander (1923) et den Magnetie (1924) et de					
House #	Street Address			Date [MM/DD/YYYY] \$	
		State	Zip Code	Date [MM/DD/YYYY] \$	
Gity					
City Employer Name				Occupation	0

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:

Filer Identification Number	millcreek	Democ	ratic Con	nmittee
Full Name	10°1110°	Tu col'o	Sugarica	
House # 3608	Milloreek Street Address Wi a	10WNShip	Super 1150	<u>kə</u>
City	3.7/34	State		I Date IMM/DD/YYYYL US
Receipt Description	ERIE	PA	76506	06/23/2020 395.00
Full Name	Ketund for	Picnic C	ancellation	
	Street Address	. ,		
	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name			*****	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				100 and 100 an
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	[]			
Full Name				
	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>	· · · · · · · · · · · · · · · · · · ·	N 100

SCHEDULE !!

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: Mi	Ilcreek De	mocratic C	ommittee
1. UNITEMIŻED IN-KIND CONTRI	BUTIONS RECEIVED-VALU	E OF \$50.00 OR LESS PER	CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 T	O \$250.00 (FROM PART)	F)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.0	0 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fi		1 - 1	م
on Page 1, Report Cover Page, Item F)			O

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Millione Democratic Committee

Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City	**************************************	State	Zip Code	Date [MM/DD/YYYY]	5 0
Description of Co	ntribution				
Full Name of Con	tributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	8
Description of Co	ntribution	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
Full Name of Cont	ributor	\$2 4		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution		Transfer Compagned		
Full Name of Cont	ributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City-	To the second se	State	Zip Code	Date [MM/DD/YYYY]	\$ 0
Description of Cor	ntribution				
Full Name of Cont	ributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	「「「「「「「」」」 「「「」」 「「」 「「」 「」 「」 「」 「」 「」 「」 「」 「」 「」 「」 「	State	Zjp Code	Date [MM/DD/YYYY]	5 0
Description of Cor	ntribution	14124889 2: 3: 3 4 4 4 4 4	Londa Desprincipa II		Sattle .

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250					
Filer Identification Number:	Millcreek	Democratic	Committee		

Full Name of Contr	ibutor .			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
Ava a sa s				
City		State	Zip Code	Date [MM/DD/YYYY] \$
	CONTROL OF			
Employer Name				Occupation
Employer Mailing A Place of Business	Address / Principal			Description of
Flace Of Busiless				Contribution
Full Name of Contr	ibutor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
				<u> </u>
Employer Name				Occupation
Employer Mailing /	Address / Principal			Description of
Place of Business				Contribution
Full Name of Contr	ibutor	· · · · · · · · · · · · · · · · · · ·	· ···	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Para la sociazione de Contrata	State	Zip Code	Date [MM/DD/YYYY] \$
				0
Employer Name			Latin See See See See See See	Occupation
Employer Mailing A	Address / Principal			Description
Place of Business				of Contribution
Full Name of Contr	butor	1		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
				Date (wini) DO(1) 111
Employer Name		Na2-30 - 17-55.	■ North 1969 (48 a + 10 + 1986)	Occupation
Employer Mailing A	Address / Principal			Description
Place of Business				of Contribution
5.675 医肠膜切除器		!		[CONTIDUTION]

Statement of Expenditures

Filer Identification Number:	Millcreek	Democratic	Committee	

To Whom Paid		. 0 1	Date [MM/DD/YYYY] \$	/ 6 4 6 3
Erie Coun	ty Democr	atic takty	02/18/2020	100,00
House # 1305 Street Address	ate St.	0	Description of Expenditure	
ERIE S	itate PA	Zip Code 16501	Petition Signin	g Event
To Whom Paid	-+	•	Date [MM/DD/YYYY] \$	2/14 64
Millcreek	Wp. Dupe	rvisors	03/12/2020	370,00
House # 3608 Street Address U.	1,26th SI		Description of Expenditure	
City, ERI'E		Zip Code /6506	Picnic Pavilio	in Rental
To Whom Paid Mulicipa No.	T., S.,		Date [MM/DD/YYYY] \$	25,00
Millcreek		XVISORS	06/30/2020 Description of Expenditure	a5,00
ご 発展的な 発達的な 日本年 (対)	,26th St.		Description of Expenditure	
erie s		Zip Code /6-506	Refund overpay	ment ret.
To Whom Paid Ear O	0	. 21	Date [MM/DD/YYYY] \$	7-11
CONTROL OF CONTROL CON	Democrat	1c tarty	09/09/2020	75,00
House # 1305 Street Address S	tate St.	7	Description of Expenditure	
city Exie	\$2000000000000	Zip Code 1650 1	Postage Cos	/s
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City, S	3A3 (A34)	Zip Code		
To Whom Paid			(Date [MM/DD/XYYY] \$	
House # Street Address			Description of Expenditure	
City S		Zip Gode		
To Whom Pald			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	6 37
Gity	5024E944F9 04	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City	27) F RE C. CC	Zip Code	1995 Act	

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:	Millere	ek Democratic	Committee

Name of Cred	litor .	Outstanding Balance	ce of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	6
City		State Zip Code	
Description of	f Debt	1776 St. 1994 CI	
Name of Cred	litor	Outstanding Balance	ce of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	^
City		State Zip Code	U
Description of	f Debt.		
Name of Cred	litor	Outstanding Balan	ce of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	
City		State Zip Code	0
Description of	f Debt .	1,7 (1997)	
Name of Cred	litor	Outstanding Balan	ce of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	^
City		State Zip Code	
Description of			
Name of Cred		Outstanding Balan	ce of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	0
City	Programme and the second	State Zip Code	
Description of	f Debt		
Name of Cred	litor	Outstanding Balan	ce of Debt
House#	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	0
City		State Zip Code	
Description of	f Debt .	The facility of the second sec	