

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

| Filer Identification | | · · · · · · · · · · · · · · · · · · · | | ort Filed I | | Candida | te | 1100 | Committe | | | Lobby | /ist | |
|--|---|---------------------------------------|--|--|------------------------------------|------------------------|---|----------|---|---|----------------|-------------|---------------|--|
| Number | J | 3-3126011 | (Ma | (Mark X) | | | | | | | | 192 | | |
| Name of Filing Com Lobbyist | Committee to Elect Dan Ouellet | | | | | | | | | | | | | |
| Street Address | | 5213 Deerfield Drive | | | | | | | | | | | | |
| City | <u>a di kangana Samara Saka Saba</u> | | | | State | e PA | | Zip Code | 16415 | 16415 | | | | |
| Type of Report (Place | e x under | report type) | | | | | | | 1 | | | | | |
| 1-6 th Tuesday 2- | 4-6th | 4-6th Tuesday 5-2nd Fr | | | 6- 30 Day P | ost | 7- Annual | Specia | Special 2 nd Friday Special 30 | | al 30 Day | | | |
| Pre-Primary Pre-Primary Primary | | | 1777 1789 | lection | Pre- Election | | Election | | | - 1 " " * * * * * * * * * * * * * * * * | Pre-Election | | Post-Election | |
| | | | | | | | | | X | | | | | |
| Date Of Election (MM/DD/YYYY) 11/5/2019 | | | | Year | | 019 | Amendmen Report | rt | | Termi Repor | nation t | | | |
| Summary of Receipt | s and | From Date | | To Date | | | | | Fo | r Office L | lse Only | | | |
| Expenditures | | 11/26/2019 | 12/31/2019 | | 9 | | | | | | | | | |
| A. Amount Brought | Forward F | rom Last Repor | t \$ | | 2724.65 | | · · · · · · · · · · · · · · · · · · · | | | | | 1020 | | |
| B. Total Monetary C (From Schedule I) | ontributio | ns and Receipts | \$ | .05 | | | | | | | | | | |
| C. Total Funds Availa (Sum of Lines A and | | | \$ | \$ 2724.70 | | | © 79 79 79 79 79 79 79 79 79 79 79 79 79 | | | | | | | |
| D. Total Expenditure | the state of the state of | | \$ | \$ 0 | | | | | | | | | | |
| (From Schedule III) E. Ending Cash Balan | A second | | \$ | | | | - - | | | | | | | |
| (Subtract Line D from F. Value of In-Kind C | | ne Decelved | - | \$ | | | | | | | | | | |
| (From Schedule II) | ontributio | ns keceivea | 0 | | | | 1.5 | | | | | | | |
| G. Unpaid Debts and | Obligatio | ns | \$ | \$ 2000.00 | | | | | | | | | | |
| (From Schedule IV) | V. VV | | 44 NA 24 N | Affidavit Section | | | | | | • | · | | | |
| Part 1- If this is a Comm | ittee repor | t. treasurer sign h | ere. 121 | nk≊isa Can | | | | ere. | | | | | | |
| I swear (or affirm) that | | | ched 했 | hedulesor | | | | | ge and belief | true, corre | ect and comple | te. | | |
| Sworn to and subscribe | d before m | e this | PEN | berly Fairy ommi | ON/ | | 4 | | 1.1 | | | | | |
| day of 3 | LNUXCX | 4 20 DE | TRAINING TARE ON WELL ALTH Signature of Person Submitting report Gary Seib Gary Seib | | | | | | | | | | | |
| Kimbush | ann | Cardical | , ¥ | 9 4 | 켍 | Ga | Signature of Person Submitting report Gary Seib | | | | | | | |
| Signa | иге | | OF PE | | | | | | Printed Nar | ne | | | | |
| My Commission expires | 5/ | 20/21 | SE S | | | 81 | 814 833-3176 | | | | | | | |
| | OF PENNSY ALSEAL ber, Notary F Ene Count Expires May 2 ASSOCIATION O | | | Aı | Area Code Daytime Telephone Number | | | | | | | | | |
| Part II- If this is a report | | | Commi | dee cana | | | | | | | | | | |
| I swear (or affirm) that t amended. | o the best | of my knowledge | and beli | Positive pos | itical <u>B</u> or | nmittee h | as not violated | i any | provisions of | the Act of | June 3, 1937 | (P.L. 1333 | 3, NO.320) as | |
| Sworn to and subscribe | d before me | e this | | | | | _ | | | | | | | |
| day of | | | | | | | Del | Ĺ | Julle | 1 | | | ļ | |
| | | | <u>.</u> | | | Signature of Candidate | | | | | | | | |
| Signa | - | _ <u>Da</u> | | | Daniel Ouellet Printed Name | | | | | | | | | |
| My Commission expires | | • • | | 814 823-5395 | | | | | | | | | | |
| | _ | | | Area Code Daytime Telephone Number | | | | <u> </u> | | | | | | |
| | | | | | | | | | | | | | | |

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| Filer Identification Number | | |
|-----------------------------|------------|--|
| | 83-3126011 | |
| | | |

| 1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | | |
|---|--------------|--------------|-----|
| Total for the reporting period | (1) | \$ | 0 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | | |
| Contributions Received from Political Committees (Part A) | | \$ | |
| All Other Contributions (Part B) | | \$ | |
| Total for the reporting period | (2) | \$ | 0 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | У\ 1 У\ 1 | |
| Contributions Received from Political Committees (Part C) | | \$ | |
| All Other Contributions (Part D) | | \$ | |
| Total for the reporting period | (3) | \$ | 0 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | 1374 1374 | | |
| Total for the reporting period | (4) | \$ | .05 |
| 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 | \$ | .05 |

PART E

Other Receipts

REFUNDS, INTEREST 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:

| | 83-312 | 6011 | | | | |
|---------------|--|--|-------------|---|------------------------------|-------------|
| Full Name | Northy | west Savings Bank | | | | |
| House # 28 | Street Addi | | | | | |
| City | Erie | State | PA | Zip Code 16506 | Date [MM/DD/YYYY] 11/30/2019 | .05 |
| Receipt Desc | cription Interes | st income earned on bank acc | count | <u> </u> | | 15,60g |
| Full Name | | | | | | |
| House # | Street Addr | ress | | | | |
| City | 1.70 (PA or 10 or | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| Receipt Desc | cription | | <u>v.</u> | I was a displaying a | | 28.02 |
| Full Name | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| House # | Street Addr | /ess | | | | |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| Receipt Desc | cription | MACCA ON- | <u>881 </u> | Bilgory Completes | ш | |
| Full Name | | | | | <u></u> | |
| House # | Street Addr | ess | | | | |
| City | | State | | Zíp Code | Date [MM/DD/YYYY) | \$ |
| Receipt Desc | ription | No. of the last of | <u>881</u> | Free State Control | | <u> </u> |
| Full Name | | | | , | <u> </u> | |
| House# | Street Addre | ess | | | | |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | Š |
| Receipt Desc | ription | - | <u></u> | 19 Carring again, and | | ###.I |
| Full Name | | | | | | |
| House # | Street Addre | ess | | | | |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| Receipt Desci | ription | | | | | |

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; 83-3126011 | | |
|--|------|--|
| | | |

| Name of | Creditor | | Daniel Que | llet | | | | | Ou | itstanding Balance of Debt |
|-------------|---------------------|--------|-----------------------------|---------------------|---|--|----------------------------------|---|---------------------------------------|--|
| House# | 3224 | Stre | et Address | West 25th Street | | The state of the state of | E DEBT IN MM/DD/Y 1/25/201 | 7777] | | A Company of the Comp |
| City | | | Erie | <u> </u> | State | PA | Zip Code | 16506 | | 2000.00 |
| Descripti | on of Debt | | Loan to fur | d start of campaign | | | 1000 to 1000 to 1 | | L'inva | |
| Name of | Creditor | | <u> </u> | | | | | | Ou | tstanding Balance of Debt |
| House # | By a second control | Stree | et Address | | | A STATE OF THE STA | E DEBT IN MM/DD/Y | こうそうしん シスプライニャ | \$ | e Effektive (18 er de 18 eeu 19 <u>5. s</u> aar en 18 eu 18 e eu 1 |
| City | - Pokt | | | | State | | Zip Code | | | |
| Description | on of Debt | | | | | | | | | |
| Name of | Creditor | | | | | | | | Ou | tstanding Balance of Debt |
| House # | | Stree | t Address | | | | E DEBT INC VIM/DD/Y | | \$ | |
| City | | | | | State | | Zip Code | Š | | |
| Description | on of Debt | | | | 100000000000000000000000000000000000000 | | | | Pove Na | |
| Name of | Creditor | | | | | | | | Ou | tstanding Balance of Debt |
| House # | | Stree | et Address | | | | E DEBT INC MM/DD/Y | | S | A A A A A A A A A A A A A A A A A A A |
| City | | | 1000 1400 a. a. a. a. a. a. | | State | | Zîp Code | | | |
| Description | on of Debt | | | | | | • | <u>, l</u> | - 42 | |
| Name of (| Creditor | 72.716 | | | | ······ | , " <u>'</u> | | Ou | tstanding Balance of Debt |
| House # | | Stree | t Address | | 9 2 | 1,75 - 10,1 2,1 2,1 | DEBT INC | Annual San Court Court (All San | S | |
| City | | | · 表示的 2007年至1 | | State | | Zip Code | | | |
| Description | on of Debt | 3,00 | | | | | | | 100 001 | |
| Name of 0 | Creditor | | | | | | | | Out | standing Balance of Debt |
| House # | | Stree | t Address | | 200 | | DEBT INC | | 5 | |
| City | The Cores | | <u></u> | | State | | Zip Code | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Descriptio | n of Debt | | | | | | | | | |