

### Commonwealth of Pennsylvania - Campaign Finance Report

/12

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

Filer Identification 2019C0146	Report Filed By (	andidate -	Committee	Lobbylst
Name of Filing Committee, Candidate or Lobbyist	David G. Ridge		THE PROPERTY OF	
Street Address	c/o 2525 W 26th St	· .		· ····_,
<b>City</b> Erie		tate PA	<b>Zip Code</b> 16506-3261	
Type of Report (Place x under report type)				
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4-6th Tuesday 5-2 <sup>nd</sup> F Pre-Election Pre-El	riday 6-30 Day ection Election	Post 7- Annual Special 2" Pre-Electi	
				Committee of the commit
Date Of Election (MM/DD/YYYY) 11/05/2019	Year 201	Amendme Report	int Terminati	on
Summary of Receipts and From Date	To Date		For Office Use C	inly and the second
Expenditures 11/25/2019	12/31/2019			
A. Amount Brought Forward From Last Repor	\$ -38,643.64			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0			2020 c
C. Total Funds Available (Sum of Lines A and B)	-38,643.64			
D. Total Expenditures (From Schedule III)	\$ 0			1
E. Ending Cash Balance (Subtract Line D from Line C)	-38,643.64			* ************************************
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0		9	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0		\ <u>@</u>	)
Part 1- If this is a <b>Committee</b> report, treasurer sign he		avit Section		
I swear (or affirm) that this report, including the attac	hed schedules on paper, is	to the best of my kno	wledge and belief true, correct an	d complete.
Sworn to and subscribed before me this  August 20 20	• •			
100 or 1 or the	-	David G. Ridge	ture of Person Submitting report	
Gammonwealth of Pennsylvania- Joleen Keith, Notary Pu Erie County	1		Printed Name	
My Commission expires Commission expires Apri Commission number 123	6, 2023 2447	814 Area Code	Daytime Telephor	ne Number
Part II- If this is a report of a Candidate's Authorized (	of Notaries Committee, candidate shall	sign here.		
I swear (or affirm) that to the best of my knowledge a amended.	nd belief this political comn	mittee has not violate	d any provisions of the Act of June	3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this				
day of20	1		Simple of Condition	
Signature	·		Signature of Candidate  Printed Name	
	, 1		Finiteu Manie	
My Commission expires		Area Code	Daytime Telephone	Number

### SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number 2019C0146	···			
		<del></del>	-	 _

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	7		
Total for the reporting period	(1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	277		
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	О
3. Contributions Over \$250.00 (From Part C and Part D)	# -	147	
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)	7	1.7	
Total for the reporting period	(4)	\$	0
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	\$	О



#### 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	n Number. 2019C0146			
Antily plant  An	And the state of t		Amoi	ınt
Full Name of Co	ontributing :	<u> </u>	Date [MM/DD/YYYY] \$	
Committee			Section 1 to 1	
House#	Street Address		Date [MM/DD/YYYY) 5	7.0
The second secon			What is a second of the second	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
All Andreas Andreas				
Full Name of Co	ontributing		Date [MM/DD/YYYY] \$	
Committee			The state of the s	
House #	Street Address		Date [MM/DD/YYYY] \$	
			12.52.5.1 12.52.5.1 13.52.5.1	
City	State.	Zip Code	Date [MM/DD/YYYY)	<del></del>
Full Name of Co	ntributing		Date (MM/) DD/AAAA	A.
Committee			7 mg/m	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	·
	- <b>10</b> 00.			
Full Name of Co Committee	ntributing		Date [MM/DD/YYYY]	
House#	Street Address		e de la companya de l	<u> </u>
	Street Address		Date [MM/DD/YYYY] \$	
City			and the second s	
The second secon	State	Zip Code	Date (MM/DD/YYYY) + \$	
Full Name of Co			processor of the control of the cont	
Committee			Date MM/DD/YYYY	
House #			The state of the s	
nouse #	Street Address		Date [MIN/DD/YYYY] \$	
		And the second s	The state of the s	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ite of the second		Date [MM/DD/YYYY] \$	
Committee			Date (MM/DD/YYYY) 5	
House #	Street Address		Date [MM/DD/YYYY] \$	
And the second of the second o			The state of the s	
City	State =	Zip Gode *	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:

	201300140				<u> </u>
Full Name of Contr	ibutor			Date [MIVI/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY)	\$
City 10				A STATE OF THE STA	No.
city		State	Zip Code	Date [MM/OD/YYYY]	<i>\$</i>
Full Name of Contri	butor			Date [MM/DD/YYYY]	\$
					224
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	zip code	Date [MM/DD/YYYY]	
			April 4		
Full Name of Contri	butor			Date [MM/DD/YYYY]	55
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contrib	outor:	2 22 22		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
Gby 1		State :	Zip Code	Date [MM/DD/YYYY]	• <b>\$</b>
Full Name of Contrib	Jutor		- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/XYYY]	
Cky I		State	Zip Code:	Date [MM/DD/YYYY]	\$ 1
Full Name of Contrib	utor			Date [MM/DD/XXX)	\$
House #	Street Address			Date (MM/DD/YYYY)	5
City		State	Zip Code	Date [MM/DD/YYXY]	\$

#### 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: 2019C0146				
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
Grand Programme Transfer of the Control of the Cont				
House # Street Address			Date [MM/DD/YYYY] \$	
GIÝ.	State	Zip Code	Date [MM/DD/YYYY] \$	
	- 1 × 70			
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address	d		Date MM/DD/YYYY \$	44
	State	Zip Cöde		77.
	State	Zip Code	Date [MM/DD/YYY] \$	
Full Name of	A.74	F	Date [MM/DD/YYYY]* \$	
Contributing Committee				
House # Street Address	<u> </u>	,	Date [MM/DD/Y/YY] \$	#
	4			
City	State	Zip Code	Date [MM/DD/YYYY] * \$.	
	17.7	And the second s		### 
Full Name of Automotive Contributing Committee		<del></del>	Date [MM/DD/YYYY] \$	
House # Street Address	i		Date [MM/DD/YYYY] \$	
egit/ke	State	Zip Code		
	State	Alp Code	Date [MM/DD/YYYY] # 5	
Full Name of	- Talkey		Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
	_			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	-224-1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	- in	1
Full Name of Contributing Committee			Pate [MM/OD/YYYY] _ (5	
	<del></del>			and the second
			Date [MM/DD/YYYY] 25	
City A	State	Zip Code	Date [MM/OD/YYYY]	
		Will the second	Date [MM/DD/YYYY] \$	
		32 track	Billiante:	.d p

## 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:	car committees reported in Part C)
2019C0146	
Application of the property of the contract of	
Full_Name_of_Contributor	Date [MM/DD/WW]
House # Street Address	Date [MM/DD/YYYY)
City State Zip Code	
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/AVYY]
House # Street Address	Date (MM/DD/YYY)
City State Zip Code	
Employer Malling Address /	Occupation.
Principal Place of Business	·
Full Name of Contributor	*Date [MM/DD/YYYY] \$=
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY]: \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Bysiness	
Full Name of Contributor	Phate (MIN/ADD/AYAY)
House #. Street Address	Date MM/DD/YYYY) \$
State Zip Code	Date [MM/DD/YYYY] S.
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	The state of the s



#### PART E

### **Other Receipts**

2019C0146

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:

Full Name	· · · · · · · · · · · · · · · · · · ·	<del></del>		
i diritaliic				
House #	Street Address			
产品				
City		State	Zip	Date [MM/DD/YYYY]\$
200 days 3		er dalle	Code	Fig. 1. Section 1. Sec
Receipt Description				
	4			
Full Name		<del></del>	<del></del>	
House #	Street Address			
## ## ## ## ## ## ## ## ## ## ## ## ##				
City To the Control of the Control o	4	State	Zip	Date [MM/DD/YYYY] \$
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Receipt Description	#75			
) 150				
Full Name				
House #		<u> </u>		
House #	Street Address			
City - 1	1	State	Zip	Date [MM/OD/WYY] \$
Chy Ties 4753		166 August	Code #	Date [MM/DD/YYYY] \$
		ar, Canon	2 F 34	0.22 Column
Receipt Description				
Full Name	<del>tipet</del> i.			
	A. 400 to			
				<u> </u>
House #	Street Address			· ·
House #		Shire		
	Street Address	State	Zip	Date [MM/DD/YYYY] 5
House #	Street Address	State	Zip Codex	
House #	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$
House # City  Receipt Description	Street Address	State	Zip Code	
House #	Street Address	Stare	Zip Code**	
House # City  Receipt Description Full Name	Street Address	Stare	Zip Code	
House # City  Receipt Description	Street Address	State	Zip Code 2	
House #  Gity  Receipt Description  Full Name  House #	Street Address Street Address		Code	
House #  Gity  Receipt Description  Full Name  House #	Street Address Street Address	State	Code	
House #  Gity  Receipt Description  Full Name  House #	Street Address Street Address		Code	
House #  City  Receipt Description  Full Name  House #	Street Address Street Address		Code	
House # City  Receipt Description Full Name House # City  Receipt Description	Street Address Street Address		Code	
House # City  Receipt Description Full Name House # City  Receipt Description	Street Address Street Address		Code	
House #  City  Receipt Description  Full Name  City  Receipt Description  Full Name	Street Address Street Address		Code	
House #  City  Receipt Description  Full Name  City  Receipt Description  Full Name  House #	Street Address Street Address		Code	
House #  City  Receipt Description  Full Name  City  Receipt Description  Full Name	Street Address Street Address		Zip) Code	Date MM/DD/Y/YY) \$
House #  City  Receipt Description  Full Name  City  Receipt Description  Full Name  House #	Street Address  Street Address		Zip) Code	
House # City  Receipt Description  Full Name  House # City  Receipt Description  Full Name  House # City	Street Address  Street Address  Street Address		Zip) Code	Date MM/DD/Y/YY) \$
House #  City  Receipt Description  Full Name  City  Receipt Description  Full Name  House #	Street Address  Street Address		Zip) Code	Date MM/DD/Y/YY) \$

#### 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 2019C0146	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF SE	50.00 OR LESS PER CONTRIBUTOR - X - X - X - X - X - X - X - X - X -
TOTAL for the reporting period (1)	\$ 0
2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250	DOD (FROM PART F) #
TOTAL for the reporting period (2)	\$ 0
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250,00 (FRO	M PAR (G)
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:	<del>-</del>	 
2019C0146		
2019C0146		

Full Name of Contrib	jutor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	417
City	数:	State	Zio Code	Date (MM/DD/YYY)	
		State E	Zip Coue	nate liami not ur ed	
Description of Contril	bution 2				dish predicts
Full Name of Contribu	elkor		,	Date [MM/DD/Y/YY]	\$
	A Article	- <u> </u>			
House #	Street Address			Date [MM/DD/AWYY]	
		State	Zip Code	Date [MM/DD/YYYY]	
			ZIP COLETE	Date [wiw/ 90/45/47]	*
Description of Contrib	bution 1			<u> </u>	
Full Name of Contribu	ator	<u></u>		Date [MM/DD/YYY]	
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City .			. Zip Code		
AFFE .		State.	T. 21) Coue	Date [MM/DD/YYYY]	
Description of Contrib			No oppose Over 1		
Full Name of Contribu	(tő)			Date [MM/DD/YYYY]	<b>5</b>
House #	Street Address	-		Date (MM/DD/YYYY)	
City ::		State	Zip Gode	Date [MM/DD/YYYY]	<b>5</b>
Description of Contrib	oution T	<b>学</b> 化			
Full Name of Contribu	\$4. · · · · · · · · · · · · · · · · · · ·	<u> </u>	·		
	CI :		Ė	Date [MM/DD/YYYY]	<b></b>
House #	Street Address		Eligible and the second	Date [MM/DD/XYYY]	<b>.</b>
CIN		State	Zip Code: ***		**************************************
Description of Contribu	oution ** **		CONTRACT OF THE PROPERTY OF TH		

### SCHEDULE II Part G

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

**VALUE OVER \$250** 

		ā	
Filer Identification Number:		 	 
2019C0146			

Full Name of Contributor	Date [MM/DD/YYYY] \$
	Plant Control of the
House # Street Address	Date [MM/DD/YYYY] \$
- Clarent Control of the Control of	Date linkilont 1111
City Zip Code	Date [MM/DD/YYYY] \$
Employer Name	.Occupation
Employer Mailing Address / Principal	
Place of Business	Description of
Control Contro	Contribution
Full Name of Contributor	Pate (MM/DP/YYYY) \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYY] \$
Employer Name	*Occupation
	424 1974
Employer Mailing Address / Principal Place of Business	Description 2
Place of Business	Fof Contribution
Full Name of Contributor	Date [MM/DD/WW]
THE TOTAL OF THE PARTY.	Date IMMADDATATE
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Pate [MM/DD/YYYY] \$
Employer Name	1
	Occupation
Employer Malling Address / Principal	*Description
Place of Business 🖟 📜 💮	of the second se
	Contribution
Full Name of Contributor	Date [MM/Db/YYYY] \$
House # Street Address	(Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY]
	Date [MM/DD/YYM]
Employer Name	Employed Control of Co
	Occupation
Employer Mailing Address / Principal	Description
Place of Business	ol
	Contribution

# Statement of Expenditures

Filer Identification Number:			 ····	
2019C0146	i			

		-			
To Whom Paid		··-		Date [MM/DD/YYY)	
House #	Street Address			Description of Expen	iditure 7
City		State	<b>72</b> j3	2000 (100 miles)	
To Whom Paid			Code		
				Date (MM/DD/YYYY)	
House#5	Street Address			Description of Expen	diture
City		State	Zip		
To Whom Paid	a de la companya de l			Date (MM/DD/YYYY)	
House #	Street Address			Description of Expend	liture
elly		State :	Zip. Code.		
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address	,		Description of Expend	liture \
City	\$ 2 mind and the second	State	Zip :#		
To Whom Paid			American and the second	Date [MM/DD/AYYY]	<b></b>
House #	Street Address			Description of Expend	liture - 1 2 2
<b>City</b>		State	Zip. Code		
To Whom Paid	A CONTROL OF THE CONT	***		Date [MM/DD/YYY]	<b>5</b>
House#	Street Address			Description of Expend	ituro
City	15 margar come comments	State	Zip Code	A Description of the Control of the	
To Whom Paid	A CANADA			Date [MM/DD/YYYY]	\$
House #	Street Address	- , <u></u>		Description of Expendi	lturë
City		State	Zip Gode		
To Whom Paid	All A balls between the second			Date [MM/DD/AYYY]	<b>.</b>
House #	Street Address			Description of Expendi	ture
Ci <del>V</del> e	1 min full reads a sum of the page of the sum of the su	State	Zip <u>*</u> Code		

# 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: 2019C0146		_		· · ·	·

Name of Greditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED // [MM/DD/YYYY]	
City **	Slate	Zip Code	
Description of Debt		Š. —	WARRING .
Name of Creditor	Acceptant Acceptance of the Control		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED // [MM/DD/YYYY]	<b>5</b>
Gity Description of Debt	State	Zip Code	
Name of Creditor			Outstanding Balance of Debt.
House#	Street Address	DATE DEST INCURRED	\$
City	State,	Zip. ⊊Code	
Description of Debt			
Name of Creditor	Grant Control of Contr		Outstanding Balance of Debt
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Street Address	DATE DEST INCURRED	
City  Description of Debt	State:	Zjp Gode	
Time 1			
Name of Creditor		7	Outstanding Balance of Debt
2.77.0 2.77.0 3.77.0	Street Address	DATE DEBT INCURRED    MM/DD/YYYY]	
City,	State	Zip: Code	
Description of Debt			pamera .
Name of Creditor		Philade	Outstanding Balance of Debt
	Street Address	DATE DEBTINCURRED [MM/DD/YYYY]	S Total Control of the Control of th
City  Description of Debt	State:	Zip Code	