

## Commonwealth of Pennsylvania - Campaign Finance Report

1/12

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

Filer identification Number 2019C0148	Report Filed By C	andidate X	Committee	Lobbyist (			
Name of Filing Committee, Candidate or Lobbyist	David G. Ridge						
Street Address	c/o 2525 W 26th St						
Giv) Erie	. 5	late PA	Zip Code 1 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-Ele		st 7- Annual Special 2 <sup>nd</sup> Pre-Electio	The second secon			
		1					
Date Of Election	Year	Amendment	Terminatio				
(MM/DD/YYYY) 11/05/2019	201	9 Report	Report				
Summary of Receipts and From Date Expenditures	To Date		For Office Use O	nly 53			
11/25/2019  A. Amount Brought Forward From Last Report	12/31/2019						
B. Total Monetary Contributions and Receipts	-38,643.64			29			
(From Schedule I) C. Total Funds Available	\$ 0	<del></del>		7			
(Sum of Lines A and B)  D. Total Expenditures	-38,643.64		၌ မုိ ရ <b>ူ</b> မြ				
(From Schedule III)  E. Ending Cash Balance	\$			(3)			
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	-38,643.64						
(From Schedule II) G. Unpaid Debts and Obligations	\$ 0			,			
(From Schedule IV)	\$ 0						
Part 1- If this is a <b>Committee</b> report, treasurer sign he	Affida ere. If this is a <b>Candidate</b> rec	avit Section					
I swear (or affirm) that this report, including the attac	thed schedules on paper, is	to the best of my knowle	edge and belief true, correct and	I complete.			
Sworn to and subscribed before me this  above 1 January 20 _ 20	• •	AND THE PROPERTY OF THE PARTY O		ļ			
algen Keith	-	Signature David G. Ridge	e of Person Submitting report				
Signat Joleen Keith, No	tary Publici	Printed Name					
My Commission expires  My Commission expires  My Commission expires  Commission numbers	es April 6, 2023	814 Area Code	Daytime Telephone	e Number			
Part II- If this is a report of a Candidate's Authorized (	ociation of Notorice ommittee, 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 of20	. 1		60 11:				
Signature		Sig	gnature of Candidate				
My Commission expires	J		Printed Name				
MO. DAY YR.	-	Area Code	Daytime Telephone	Number			

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number 2019C0148	 	 	

1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor	J.	į,	
	i.	#	
Total for the reporting period	(1)	\$	o
2. Contributions of \$50.01 to \$250.00 (From	i	- 7	
Part A and Part B)	á F	į	
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)	$\rightarrow$	\$	
Total for the reporting period	(2)	\$	o
3. Contributions Over \$250.00 (From Part C and Part D)		j	
	. <del></del> .	2	
Contributions Received from Political Committees (Part C)		\$	О
All Other Contributions (Part D)		\$	
		•	0
Total for the reporting period	(3)	\$	О
4. Other Receipts-Refunds, Interest Farned, Returned Checks, FTC. (From Part E)			
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)	ort		0



#### PART A

Filer Identification Number

#### **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.

	2019C0148				-
					Amount
Full Name of Contri Committee	buting			Date MM/DD/YYYY	
Committee					
House#	Street Address	<del></del> -		Date (MM/DD/YYYY)	\$ 1
The state of the s			Per l		Transfer (
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	A Committee of the Comm		The second secon		A Committee of the Comm
Full Name of Contril Committee	<b>Duting</b>			Date [MM/DD/YYYY]	\$
Committee					A construction of the cons
House #	Street Address			Date [MM/DD/YYYY]	\$\$\$   \$\$
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	A SAME A SAME				
Full Name of Contrib Committee	outing		_	Date [MM/DD/YYYY]	
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House#	Street Address			Date [MM/DD/YYYY]	\$
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Sity		State	Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of Contrib	uting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	Š
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City		State	Zip Code	Date [MM/DD//YYY/]	<b></b>
The state of the s		7.			
Full Name of Contrib					
Committee				Date (MM/DP/AAAA	<u>\$</u>
Your not be a second					
House #	Street Address			Date [MM/DD/AYYY)	
				To the second se	
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
	!			Date partition	
Full Name of Contrib	S. S. S. S.				\$2 0-0 \$400,000 \$400,000
Committee	4008			Date [MM/DD/YYYY]	Company of the compan
House #	Street Address			- to a Kangle	
House #	表				\$
City		State	Zip Code	Date [MM/DD/YYYY]	
	ı		<i>j</i>		
		1972		] [9 <sup>-</sup>	

# 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:

	2019C0148				
	× 1,440000 64				
Full Name of Contribu	A Gran			Date [MM/DD/YYYY]	<b></b>
		****			- Mile 
House #	Street Address			Date [MM/DD/YY/Y]	\$
				,	(1) 自逐中
City		State	Zlp_Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu	tor			Date [MM/DD/YYYY]	
				1	
House #	Street Address			Date (MM/DD/YYYY)	<b>3</b>
	***				
City	W. 1	State	Zip Code,	Date [MM/DD/YYYY]	\$
			and the second s		
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
20					
(CIVE F		State	Z/p/Code	Date [MM/DD/YYYY]	5   S
		* 152 · 1		200	
Full Name of Contribut	TOTAL STATE OF THE	i i i	A STATE OF THE STA	Date MM/DD/YYYY	
				Data (tenti) DD) ( 1 1 1	
House #"	Street-Address			Date [MM/DD/YYYY]	\$
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City	·	State	Zip Code	Date [MM/DD/AYYY]	. <b></b>
			17 To 18 To		
Full Name of Contribut	(O)				*
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House#	Street Address			Date [MM/DD/YYY]	\$
· Jaka A			!		
City		State	Zip Code	Däte (MM/DD/YYY)	· ***
			T. T.		<i>.</i>
Full Name of Contribut	or a			Date [MM/DD/YYYY]	
			1		
House #	Street Address			Date [MM/DD/YYYY]	\$
			ļ	area.	
City.		State	Zip Code	Date [MM/DD/YYYY]	\$
	ř	<b>产</b> 蛋白	P. Carlotte		



#### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

the Co.	U19C0148			
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
	t Address		Date [MM/DD/YYYY]	
Ghy	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	<u> </u>		Date [MM/DD/YYYY]	
	Address		Date [MM/DD/YYYY] \$	
City City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	\$60 B		Pate [MM/DD/YYYY] \$	
House # Street	Address		_Date [MM/DD/YYYY]\$	<u> </u>
City.	State	Zip Gode	Date [MM/DD/YYYY] = \$	
Full Name of Contributing Committee			Date [MM/DB/YYYY]	
	Address		Date (MM/DD/YYYY) 5	
GITY.	State	Zip Code	Date (MM/DD/AYAY) 3	
Full Name of Contributing Committee			Date,[MM/DD/YYYY] \$	
	Address		Date [MM/DD/YYYY] \$	
City  Full Name of	State	Zip Code	#Date [MM/DD/YYYY]	
Contributing Committee	Address			
City State of the	State	Zip Code	Date [MM/Db/AYYY] \$	
		fig.	pare trans/nn/13.440	

# 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)

2019C0148	8			
Full Name of Contributor				
Full Name on Contributor			Date (MM/DD/YYYY) \$	
House # Street Addres	.5		Date [MM/DB/VYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] .\$	
House# Street Address	5.		Date [MM/DD/YYYY] \$	
City in	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				<del></del>
Full Name of Contributor		·	Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City:	State	Zip Code	Date [MM/DD/Y4YM] \$	
Employer Name		2 20 7 1 2 1 2 1	Occupation	w.
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date (MM)/DD/AYAYA \$	
House # Street Address			=Date (MM/DD/YYYY) == -5	
Gity	State	Zip Code	Date [MM/DD/YYYY]\$	
Employer Name	*		Occupation	
Employer Mailing Address / Principal Place of Business			Company of the Compan	<del></del>



#### **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.

HIE HOEMINGSKION NUM	2019C0148			
Full Name				
House #	Street Address			
City		State	Zip #	Date [MM/DD/YYYY] \$
Receipt Description		<b>*</b>		
Full Name			<u>.</u>	
House#	Street Address			
City (City)		State :	Zip Code	Date [MM/DD/YYYY]
Receipt Description			\$ 2. def	
Full Name				
House #	Street Address			
City		State	Zip 🐇 Code	Date [MM//OD/M/YY] \$
Receipt Description	7	And the second of the second o	A L	7,000
Full Name				
House #	Street Address			
City		State	Zip# Code ₩	Date [MM/DD/YYYY] = \$
Receipt Description				
Full Name				
	Street Address		\$ CONTROL OF THE PROPERTY OF T	
City		State*	Zip Code	Date (MM/DD/MM) \$
Receipt Description	24. 	<u> </u>		Fig. 1 Size
House#	Street Address	Diversity of the second		
6 子光 續 <b>(</b>		State	Zip ∰ Code ♥	Date [MIM/DD/YYYY] \$
Receipt Description	<i>k</i> <sub>2</sub> . ∃			

#### 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: 2019C0148		
	DNS RECEIVED-VALUE OF \$5	0.00 OR LESS REP CONTRIBUTOR 12 12 12 12 12 12 12 12 12 12 12 12 12
TOTAL for the reporting period	(1)	\$ 0
2. IN-KIND CONTRIBUTIONS RECEIVED	-VALUE OF \$50.01 TO \$250	00 (FROM PART E)
TOTAL for the reporting period	(2)	\$ 0
3. IN-KIND CONTRIBUTION RECEIVED-	VALUE OVER \$250.00 (FROM	A PARTIGIE
TOTAL for the reporting period	(3)	\$ 0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DI PERIOD (Add and enter amount totals from be 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: 2019C0148		 	 
201000148			
201900146			

Full Name of Contribu			The second second	
FUII ITOMIC OF CONTRACT	ror-		Date (MM/DD/YYYY) \$	
2700 AM				
House #	Street Address		Date [MM/DD/YYYY] \$	
361 × 165	Value II			
	EX COLUMN			
Gity	State	Zip Code	Date [MM/DD/YYY)	
		APRIL EAST		
Description of Contrib				
Description or some	deon .			
Full Name of Contribu				
Arun Hanne S. Canada	A COLOR		Date [MM/DD/YYYY] \$	
			<b>7</b> 12	,
House #				
House a	Street Address		Date [MM/DD/YYYY] \$	
A see	A		i v	
City				
-City	State*	Zip Code	Date [MM/DD/YXYY] \$	
				,
Description of Contrib		Septem Theory		
peacibion or cour.	ation The Asset			
Full Name of Contribut	22-31			
The second second	AGE:		Date [MM/DD/YYYY] \$	,
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House#	E CONTRACTOR OF THE CONTRACTOR			
House #	Street Address	,	Date [MM/DD/YYYY] \$	
		,	\$15\ <sup>0</sup>	
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CITY STEEL	State	Zipicode 🛬	Date [MM/DD/YYYY] \$	
			1.6) <sup>[1]</sup>	,
Description of Contribu	ution		The state of the s	
一 基	The second secon			!
Full Name of Contribut	tor		Date MM/DD/YYYY	
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<b>一种</b>		ı		,
House#	Street Address		Date [MM/DD/YYYY] \$	
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Description of Contribu				
Description of Continue	ution ***			
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House #				
House #	Street Address		Date [MM/DD/YYYY] \$	
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<u> </u>		and the second s		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
		A WEEK SE		
Description of Contribu	AND THE RESERVE TO TH			
				f

## SCHEDULE II Part G

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

VALUE OVER \$250

Filer Identification Number: 2019C0148		 	 	 
では、「A Table 1 2019C0148				
201900170				
200 200	_			

Full Name of Contributor	Date MM/DD/AAW/
House # Street Address	Dive I to to to be burner
	Date [MM/DD/YYYY]
City State Zip Code	Date (MM/DD/YYYY) \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY]
City Zip Code ::	Date [MM/DD/YYYY]
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY]
House # Street Address	Date [MM/Db/YYYY] . \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Place of Business	Description Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$.
House#. Street Address	Date:[MM/DD/YYYY] *** ***
Gity State Zip Code Employer Name	Date (MM/DD/YYYY) S
	Occupation
Place of Business	Description of a contribution

# Statement of Expenditures

		_			
Walter Company of the	 				
Filer Identification Number:					
2019C0148					
277					

To Whom Paid				Date (MM/DD/YYAY)	<b>35</b> € <b>3</b>
House#	Street Address			Description of Expendi	
	Street Address			pescription, of expensi	ore and the
City		State	Zip Konde		
To Whom Paid		···		Date [MM/DD/YYYY]	E-Auto-
House#	Street Address	<del></del>		Description of Expendix	ure v
City		-State	Zip. Code,		
To Whom Paid.	3	Grand Grand Control of the Control o	none and a second property of the second prop	Date [MM/DD/YYYY]	\$
House#	Street Address		3	*Description of Expenditu	ure
City	(SEA)	State	Zip		
To Whom Paid				Date (MW/Db/AWW)	<b>→</b>
House #	Street Address			Description of Expenditu	ire
Clty -	- 1-	State	*Zp	The state of the s	
To Whom Paid			Code	Date (MM/DD/AYYY)	\$
House #	Street Address			Description of Expenditu	re
City	organization of the second	State	Zip	aut a	
To Whom Paid			Code	Date [MM/DB/YYYY]	
78. 25 Kada	Pagenta.				<b>\$</b>
House #	Street Address			Description of Expenditu	e i
City	,	State	《Zip》 Code		
To Whom Paid				Date [MW/Db/YYY4]	THE STATE OF THE S
House#	Street Address			Description of Expenditu	e viete viete
(Clay		State	Zip Code		
To Whom Paid		<del></del>		Date [MM/DD/YXXX]	
House #	Street Address	<u> </u>		Description of Expenditur	e
City		State	Zip_ € Code _a:		

#### 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.

	 •	O = 1 mile of
Filer Identification Number: 2019C0148		

Name of Greator			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State :	Zip Cöde	
Description of Debt			and the state of t
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
City (1)	State	Zip Code	of Sam
Description of Debt		Seguina data de la companya de la co	monte de la constante de la co
Name of Creditor	Comment of the Commen		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED *** [MM/DD/YYYY]	. <b>\$</b>
City*	State	Zjp: £Code	
Description of Debr			/
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
City	State	Aip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
		###DATE DEBT INCURRED	5
Gity.	State	Code	Ÿ
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	<b>\$</b>
City 25	State	Zip Code	
Description of Dabt.			

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2525 West 26<sup>™</sup> Street

ERIE, PENNSYLVANIA 16506-3261

January 25, 2020

Erie County Election Board Erie County Courthouse 140 West 6<sup>th</sup> Street, Room 112 Erie, PA 16501

RE: Annual CF Reports (Cycle 7)

**Committee 2019-0033** 

Candidate 2019C0146 and 2019C0148

Dear Election Board,

Enclosed, please find the Annual Campaign Finance Report (Cycle 7) for the above noted Campaign and Candidate. Since the Candidate has two ID numbers assigned to him, we are filing two separate reports; however, the figures reported on each are reporting the **same transactions** and should NOT be added together.

If you have any questions, please do not hesitate to contact me at 814.456.1880.

Sincerely,

Scott E. Miller, Treasurer