

Commonwealth of Pennsylvania - Campaign Finance Report

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

New

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Robert Yates			
Street Address	P.O. Box 8619			
City	Erie	State	PA	Zip Code
16505				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/5	Year	2019		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
	11/26/2019	12/31/2019
A. Amount Brought Forward From Last Report	\$	3938.78
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1050.00
C. Total Funds Available (Sum of Lines A and B)	\$	4988.78
D. Total Expenditures (From Schedule III)	\$	4167.62
E. Ending Cash Balance (Subtract Line D from Line C)	\$	821.16
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

For Office Use Only

2020 JAN 31 PM 12:43

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

31 day of January 20 20

Signature

My Commission expires October 18 2022
MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
Jennifer L. Turner, Notary Public
Erie County
My commission expires October 18, 2022
Commission number 1341887
Member, Pennsylvania Association of Notaries

Area Code

Printed Name

838-6635
Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, 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

31 day of January 20 20

Signature

My Commission expires October 18 2022
MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
Jennifer L. Turner, Notary Public
Erie County
My commission expires October 18, 2022
Commission number 1341887
Member, Pennsylvania Association of Notaries

Area Code

Signature of Candidate

Printed Name

449-7750
Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ <u>0</u>
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	<u>0</u>
All Other Contributions (Part B)		\$	<u>450.00</u>
Total for the reporting period		(2)	\$ <u>450.00</u>
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	<u>0</u>
All Other Contributions (Part D)		\$	<u>300.00</u>
Total for the reporting period		(3)	\$ <u>300.00</u>
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ <u>300.00</u>
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, Report Cover Page, Item B)		\$	

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:	
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Full Name of Contributor	Dougald Angus Currie II			Date [MM/DD/YYYY]	10/25/2019	\$	200.00
House #	5234	Street Address	Wolf Run Village Lane	Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor	George M. Currie			Date [MM/DD/YYYY]	10/28/2019	\$	250.00
House #	4802	Street Address	Wolf Rd	Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16505	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]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		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]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

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:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
Patricia & Gerald Rhone				10/31/2019		300.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
5121	Ferndale Pl.					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Fairview	PA	16415				
Employer Name			Occupation			
Employer Mailing Address / 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 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 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 Business						

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	
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Full Name	Millcreek Township								
House #	3608	Street Address	West 26 th St						
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	10/14/2019	\$	300.00
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		De Santos Signs		Date [MM/DD/YYYY]	10/30/2019	\$	263.94
House #	540	Street Address	W. 18th St.	Description of Expenditure			
City	Erie	State	Pa	Zip Code	16502	Signs	
To Whom Paid		WCTL FM Radio		Date [MM/DD/YYYY]	11/1/2019	\$	768.00
House #		Street Address		Description of Expenditure			
City		State		Zip Code		radio ads	
To Whom Paid		Uhaul Moving & Storage		Date [MM/DD/YYYY]	10/30/2019	\$	57.90
House #	1504	Street Address	Pittsburgh Ave	Description of Expenditure			
City	Erie	State	PA	Zip Code	16505	truck rental	
To Whom Paid		Gyd's Place		Date [MM/DD/YYYY]	11/5/2019	\$	1261.73
House #		Street Address	W. 8th St	Description of Expenditure			
City	Erie	State	PA	Zip Code	16505	wrap up party	
To Whom Paid		Condor Creative		Date [MM/DD/YYYY]	11/4/2019	\$	800.00
House #	542	Street Address	condorcreative@gmail.com	Description of Expenditure			
City		State		Zip Code		video	
To Whom Paid		Rich Angelotti		Date [MM/DD/YYYY]	11/11/2019	\$	120.00
House #	5424	Street Address	W. 26th St	Description of Expenditure			
City	Erie	State	PA	Zip Code	16506	graphic designs	
To Whom Paid		Copywright		Date [MM/DD/YYYY]	11/15/2019	\$	19.61
House #		Street Address		Description of Expenditure			
City		State		Zip Code			
To Whom Paid		Postage		Date [MM/DD/YYYY]	11/18/2019	\$	33.00
House #		Street Address		Description of Expenditure			
City		State		Zip Code			

SCHEDULE III
Statement of Expenditures

Filer Identification Number	
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To Whom Paid	U-Haul	Date [MM/DD/YYYY]	11/12/2019	\$	43.40
House #	Street Address	on debit card			
City	State	Zip Code	moving supplies		

To Whom Paid	gas on debit card	Date [MM/DD/YYYY]	11/22	\$	11.22
House #	Street Address	Description of Expenditure			
City	State	Zip Code	gas		

To Whom Paid	Elect Greg Hayes	Date [MM/DD/YYYY]	1/15/2020	\$	500.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	campaign contribution		

To Whom Paid	Wegman	Date [MM/DD/YYYY]	12/31/2019	\$	18.82
House #	Street Address	Description of Expenditure			
City	State	Zip Code	cards		

To Whom Paid	Senior News	Date [MM/DD/YYYY]	1/4/2019	\$	270.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	ad		

To Whom Paid	P.O. Box 3056	Date [MM/DD/YYYY]	16508	\$	ad
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

To Whom Paid	Erie	Date [MM/DD/YYYY]	PA	\$	16508
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

To Whom Paid	W. Ridge Rd.	Date [MM/DD/YYYY]	16506	\$	cards
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

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:	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						