

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	83-3126011	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Dan Ouellet						
Street Address		5213 Deerfield Drive						
City	Fairview	State	PA	Zip Code	16415			

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/5/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/22/2019	11/25/2019	
A. Amount Brought Forward From Last Report	\$	21159.14	2019 DEC -4 PM 12:08 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	450.17	
C. Total Funds Available (Sum of Lines A and B)	\$	21609.31	
D. Total Expenditures (From Schedule III)	\$	18884.66	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2724.65	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2000.00	

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 schedule, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 2nd day of December 2019

Kimberly Ann Weber
Signature

My Commission expires 5 22 21
MO. DAY YR.

Gary Seib
Signature of Person Submitting report

Gary Seib
Printed Name

814 833-3176
Area Code 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 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 2nd day of December 2019

Kimberly Ann Weber
Signature

My Commission expires 5 22 21
MO. DAY YR.

Dan Ouellet
Signature of Candidate

Daniel Ouellet
Printed Name

814 823-5395
Area Code Daytime Telephone Number

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kimberly Ann Weber, Notary Public
 Fairview Twp., Erie County
 My Commission Expires May 22, 2021

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	83-3126011
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	0
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	0
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All Other Contributions (Part B)	\$	0
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Total for the reporting period	(2)	\$	0
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3. Contributions Over \$250.00 (From Part C and Part D)
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Contributions Received from Political Committees (Part C)	\$	0
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All Other Contributions (Part D)	\$	450.00
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Total for the reporting period	(3)	\$	450.00
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)
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Total for the reporting period	(4)	\$	0.17
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	450.17
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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:	83-3126011
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Full Name of Contributor				Michelle & Richard Peete		Date [MM/DD/YYYY]		\$	450.00
						11/5/2019			
House #	2462	Street Address		New Way Road		Date [MM/DD/YYYY]		\$	
City		Leicester		State	NY	Zip Code		14481	
Employer Name				Sewer Specialty Services Co., Inc.		Occupation		Manager	
Employer Mailing Address / Principal Place of Business				2462 New Way Road, Leicester, NY 14481					
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
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/YYYY]		\$	
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/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City				State		Zip Code			
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									

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:	83-3126011
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Full Name		Northwest Savings Bank							
House #	2863	Street Address		West 26th Street					
City		Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	0.17
						10/31/2019			
Receipt Description		Interest income earned on bank account							
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:	83-3126011
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To Whom Paid		Printing Concepts, Inc.				Date [MM/DD/YYYY]	\$	8531.55
						10/23/2019		
House #	4982	Street Address	Pacific Avenue			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Printing and direct mailing of (2) postcards		
To Whom Paid		Cheryl H. Corsa				Date [MM/DD/YYYY]	\$	288.64
						10/25/2019		
House #	1290	Street Address	Stark Road			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Preparation and mailing of voter contact cards		
To Whom Paid		Daniel Ouellet				Date [MM/DD/YYYY]	\$	3105.80
						10/29/2019		
House #	3224	Street Address	West 25th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Reimburse for advertising (Radio / Other)		
To Whom Paid		Flagship Multimedia, Inc.				Date [MM/DD/YYYY]	\$	480.00
						10/29/2019		
House #	1001	Street Address	State Street #1315			Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	Print Advertising		
To Whom Paid		Erie Times News				Date [MM/DD/YYYY]	\$	2632.50
						11/5/2019		
House #	205	Street Address	West 12th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16534	Print Advertising		
To Whom Paid		Erie Elks Lodge #67				Date [MM/DD/YYYY]	\$	475.37
						11/6/2019		
House #	2409	Street Address	Peninsula Drive			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Election watch reception		
To Whom Paid		Melanie Brewer				Date [MM/DD/YYYY]	\$	2000.00
						11/9/2019		
House #	125	Street Address	Usonia Avenue			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Services as Campaign Manager		
To Whom Paid		Tri-State Senior News				Date [MM/DD/YYYY]	\$	480.00
						11/16/2019		
House #		Street Address	PO Box 3056			Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Print Advertising		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	83-3126011
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To Whom Paid		iHeartMEDIA			Date [MM/DD/YYYY]	\$	890.80
					11/16/2019		
House #		Street Address	PO Box 419499		Description of Expenditure		
City	Boston	State	MA	Zip Code	02241	Radio Advertising	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
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:	83-3126011
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Name of Creditor		Daniel Ouellet				Outstanding Balance of Debt	
House #	3224	Street Address	West 25th Street		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		Erie	State	PA	Zip Code	16506	
Description of Debt		Loan to fund start of campaign					
							2000.00

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							