

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Rosemary C. Sheehan		
Street Address		413 Colorado Dr		
City	State	Zip Code		
erie	PA	16505		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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)			Year		Amendment Report	Termination Report		
Nov 5			2019		<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		11-25-2019	
A. Amount Brought Forward From Last Report	\$	2,289.96	2019 NOV 25 AM 9:35 ERIE COUNTY VOTER REGISTRATION Don
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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

Sworn to and subscribed before me this 25<sup>th</sup> day of November 2019

Nicole Inan  
Signature

My Commission expires 07 31 2023  
MO. DAY YR.

Signature of Person Submitting report  
Rosemary C. Sheehan  
Printed Name

Area Code 814 Daytime Telephone Number 602-5735

**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 25<sup>th</sup> day of November 2019

Nicole Inan  
Signature

My Commission expires 07 31 2023  
MO. DAY YR.

Signature of Candidate  
Rosemary C. Sheehan  
Printed Name

Area Code 814 Daytime Telephone Number 602-5735

Member, Pennsylvania Association of Notaries  
 My Commission expires July 31, 2023  
 Commission number 1292344  
 Nicole Inan, Notary Public  
 Erie County  
 Commonwealth of Pennsylvania - Notary Seal

**SCHEDULE I**  
**Contributions and Receipts**

Detailed Summary Page

<b>Filer Identification Number</b>	
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<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>		
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Total for the reporting period	(1)	\$
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
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Contributions Received from Political Committees (Part A)		\$
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All Other Contributions (Part B)		\$
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Total for the reporting period	(2)	\$
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<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
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Contributions Received from Political Committees (Part C)		\$
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All Other Contributions (Part D)		\$
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Total for the reporting period	(3)	\$
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<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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Total for the reporting period	(4)	\$
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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>		\$
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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 Number	
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							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							

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					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]	\$	
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 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.

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	

**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)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							

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:	
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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							

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

SCHEDULE II

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE**

Filer Identification Number:	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$

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)		\$
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SCHEDULE II  
PART F

## In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>Description of Contribution</b>	
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SCHEDULE II  
Part G

## In-Kind Contributions Received

VALUE OVER \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

**SCHEDULE III  
Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid		DeSantis Signs			Date [MM/DD/YYYY]	\$	1,150.90
House #	Street Address	540 W. 18th St			Description of Expenditure		
City	State	Zip Code	16502		yard sign / three frames		

To Whom Paid		DeSantis Signs			Date [MM/DD/YYYY]	\$	90.00
House #	Street Address	540 W. 18th St			Description of Expenditure		
City	State	Zip Code	16502		campaign Badges		

To Whom Paid		Senior News			Date [MM/DD/YYYY]	\$	235.00
House #	Street Address	P.O. Box 3056			Description of Expenditure		
City	State	Zip Code	16508		ad		

To Whom Paid		Senior News			Date [MM/DD/YYYY]	\$	200.00
House #	Street Address	P.O. Box 3056			Description of Expenditure		
City	State	Zip Code	16508		ad		

To Whom Paid		Senior News			Date [MM/DD/YYYY]	\$	200.00
House #	Street Address	P.O. Box 3056			Description of Expenditure		
City	State	Zip Code	16508		ad		

To Whom Paid		UPS store			Date [MM/DD/YYYY]	\$	233.06
House #	Street Address	2501 W. 12th			Description of Expenditure		
City	State	Zip Code	16505		door hangers		

To Whom Paid		Sue Notary			Date [MM/DD/YYYY]	\$	83.00
House #	Street Address	1353 W. 30th St			Description of Expenditure		
City	State	Zip Code	16508		Notary for petitions		

To Whom Paid		Sue Notary			Date [MM/DD/YYYY]	\$	90.00
House #	Street Address	1353 W. 30th			Description of Expenditure		
City	State	Zip Code	16508		Notary for petitions		

**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.

<b>Filer Identification Number:</b>	
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<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$		
<b>City</b>	<b>State</b>					
<b>Description of Debt</b>						

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

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

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

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

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

The Tri-State  
**Senior News**  
*For Boomers and Beyond*  
P.O. Box 3056 • Erie, PA 16508-0056  
(814) 881-1101 • Fax (814) 833-9698  
Email [srnews@verizon.net](mailto:srnews@verizon.net)

**INVOICE**

Customer's P.O. # \_\_\_\_\_

Date May 11, 2019

TO Rosemary Sheridan

AD SIZE	RUN DATE	AMOUNT
1/4	May Advertisement  <b>ALL CHECKS SHOULD BE MADE PAYABLE TO: SENIOR CITIZENS NEWS Thank you</b>	\$ 270.00

check # 2772

pd on  
6-4-19

The Tri-State  
**Senior News**

*For Boomers and Beyond*

P.O. Box 3056 • Erie, PA 16508-0056

(814) 881-1101 • Fax (814) 833-9698

Email: [srnews@verizon.net](mailto:srnews@verizon.net)

## 2019 Advertising Rates and Sizes

Size	12X per issue	6X per issue	3X per issue	1X per issue	Spot or 4C per issue
<b>Full Page</b> (10-1/4" w x 15-1/2" d)	\$ 695.00	\$ 750.00	\$ 820.00	\$ 900.00	\$ 200.00
<b>1/2 Page - Horizontal</b> (10-1/4" w x 7-5/8" d)	\$ 380.00	\$ 400.00	\$ 425.00	\$ 495.00	\$ 100.00
<b>1/2 Page - Vertical</b> (5" w x 15-1/2" d)	\$ 380.00	\$ 400.00	\$ 425.00	\$ 495.00	\$ 100.00
<b>1/4 Page</b> (5" w x 7-5/8" d)	\$ 195.00	\$ 210.00	\$ 230.00	\$ 254.00	\$ 75.00
<b>5/32 Page</b> (5" w x 5-1/2" d)	\$ 140.00	\$ 150.00	\$ 165.00	\$ 180.00	\$ 60.00
<b>1/8 Page</b> (5" w x 3-1/2" d)	\$ 95.00	\$ 105.00	\$ 115.00	\$ 130.00	\$ 45.00
<b>3/32 Page - Horizontal</b> (5" w x 2-3/4" d)	\$ 70.00	\$ 75.00	\$ 80.00	\$ 90.00	\$ 35.00
<b>3/32 Page - Vertical</b> (2-3/8" w x 6" d)	\$ 70.00	\$ 75.00	\$ 80.00	\$ 90.00	\$ 35.00
<b>1/16 Page - Horizontal</b> (5" w x 1-3/4" d)	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	\$ 25.00
<b>1/16 Page - Vertical</b> (2-3/8" w x 4" d)	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	\$ 25.00
<b>Business Card (3-1/2" w x 2" d)</b>	<b>\$49.00 per issue including color</b>				
<b>1/32 Page (2-3/8" w x 2" d)</b>	<b>\$39.00 per issue including color</b>				
<b>1/64 Page (5" w x 1" d)</b>	<b>\$29.00 per issue including color</b>				

### FREE STANDING INSERTS

\$ 75.00 per thousand for complete saturation

\$100.00 per thousand for targeted circulation

Inserts provided by client.

Finished size of piece must be no larger than 8-1/2" x 11"

**DEADLINE FOR SUBMISSION IS THE 15th OF THE MONTH PRECEDING PUBLICATION.**

The Tri-State  
**Senior News**

*For Boomers and Beyond*

P.O. Box 3056 • Erie, PA 16508-0056

(814) 881-1101 • Fax (814) 833-9698

Email [srnews@verizon.net](mailto:srnews@verizon.net)

**INVOICE**

Customer's P.O. # \_\_\_\_\_

Date November 8, 2019

TO Rosemary Sheridan

AD SIZE	RUN DATE	AMOUNT
5/32	November Advertisement  <b>ALL CHECKS SHOULD BE MADE PAYABLE TO:</b>  <b>Thank you</b>	\$ 200.00

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(814) 881-1101 • Fax (814) 833-9698

Email [srnews@verizon.net](mailto:srnews@verizon.net)

Customer's P.O. # \_\_\_\_\_

Date October 11, 2019

TO Rosemary Sheridan

AD SIZE	RUN DATE	AMOUNT
5/32	October Advertisement  <b>ALL CHECKS SHOULD BE MADE PAYABLE TO:</b>  <b>Thank you</b>	\$ 200.00

*pd check 2782*



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**INVOICE**

Customer's P.O. # \_\_\_\_\_

Date May 11, 2019

TO Rosemary Sheridan

AD SIZE	RUN DATE	AMOUNT
1/4	May Advertisement  <b>ALL CHECKS SHOULD BE MADE PAYABLE TO: SENIOR CITIZENS NEWS Thank you</b>	\$ 270.00

GUES NOTARY  
 1353 WEST 38TH STR  
 ERIE, PA 16508

Inc.

# Sales Receipt

03/11/2019 16:49:50

DEBIT CARD  
 DEBIT SALE

DATE	SALE NO.
3/11/2019	1546827

Card # XXXXXXXXXXXXX7805  
 SEQ #: 21  
 Batch #: 309  
 INVOICE 22  
 Approval Code: 531722  
 Entry Method: Swiped  
 Mode: Online


SALE AMOUNT \$90.00

CUSTOMER COPY

CHECK NO.	PAYMENT METH...
	debit

Item	QTY	RATE	AMOUNT
NOTARY FEE	15	5.00	75.00
CLERICAL	2	7.00	14.00
DEBIT SURCHAR...		1.00	1.00
NADIA WAS YOUR NOTARY		<b>Total</b>	<b>\$90.00</b>

SUES NOTARY  
1353 WEST 38TH STR  
ERIE, PA 16508

e Inc.  
eet

# Sales Receipt

03/04/2019 11:01:11

DEBIT CARD  
DEBIT SALE

DATE	SALE NO.
3/4/2019	1546484

Card # XXXXXXXXXXXX7805  
SEQ #: 4  
Batch #: 303  
INVOICE 4  
Approval Code: 882679  
Entry Method: Swiped  
Mode: Online

SALE AMOUNT \$83.00

CUSTOMER COPY

CHECK NO.	PAYMENT METH...
	debit

Item	QTY	RATE	AMOUNT
NOTARY FEE	15	5.00	75.00
CLERICAL		7.00	7.00
DEBIT SURCHAR...		1.00	1.00
ERIN WAS YOUR NOTARY		<b>Total</b>	<b>\$83.00</b>



**QUOTE**  
**Erie Yorktown Center UPS Store**



814 836 1877



store5155@theupsstore.com

OR VISIT US @ Yorktown Center 2501 W 12th Street, Erie, PA 16505

CLIENT: Rosemary

PHONE:

DATE: 4.26.19

EMAIL:

**YOUR ORDER**

RETAIL

YOUR PRICE

250 4x11 die cut door hanger 14PT with UV Coating

200.96

*file editing*

20.00

*2708  
 173  
 -----  
 2881.06*

*90.00  
 83.00  
 -----  
 173.00*

*1  
 2475  
 233.  
 -----  
 2708  
 1901*

*1150.<sup>10</sup>  
 90  
 -----  
 1240  
 1235  
 -----  
 2475*

TOTAL W/ TAX

TOTAL W/O TAX

*total 233.02  
~~200.96~~*

This estimate is not definite and it is our best guess at the total price to complete the work stated above. The pricing may vary based on changes to order, additional parts, and or labor that is required. Any job or quote past 30 days original quote is subject to change.

**FOR ALL YOUR DESIGN, PRINT & PACKAGING SERVICES**  
**SEE OUR DESIGN WORK ONLINE [WWW.THEUPSSTORELOCAL.COM/5155](http://WWW.THEUPSSTORELOCAL.COM/5155)**

# DESANTIS SIGNS AND GRAPHICS, INC.

540 WEST 18TH STREET

ERIE, PA. 16502-1721

(814) 452-6028

## INVOICE

Bill To

ROSE SHERIDAN  
413 COLORADO DRIVE  
ERIE, PA 16505

Date	Invoice #
4/3/2019	7427

Terms
50% Down, Balance on Delivery

P.O. No.

Qty	Description	Amount
100	3" CAMPAIGN BADGES	90.00T

	<b>Subtotal</b>	\$90.00
<b>All jobs require a 50% deposit, and balance due upon completion</b> <b>Note: All signs remain the property of Desantis Signs until paid in full.</b>	<b>Sales Tax (6.0%)</b>	\$5.40
	<b>Total</b>	\$95.40

# DESANTIS SIGNS AND GRAPHICS, INC.

540 WEST 18TH STREET

ERIE, PA. 16502-1721

(814) 452-6028

## INVOICE

Bill To
ROSE SHERIDAN 413 COLORADO DRIVE ERIE, PA 16505

Date	Invoice #
3/14/2019	7402

Terms
50% Down, Balance on Delivery

P.O. No.

Qty	Description	Amount
250	14 X 22 YARD SIGNS PURPLE	847.50T
250	WIRES FRAMES FOR YARD SIGNS	237.50T

	<b>Subtotal</b>	\$1,085.00
<b>All jobs require a 50% deposit, and balance due upon completion</b> <b>Note: All signs remain the property of Desantis Signs until paid in full.</b>	<b>Sales Tax (6.0%)</b>	\$65.10
	<b>Total</b>	\$1,150.10