

# 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	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Ron Manna			
Street Address	5542 Rockledge Dr			
City	Erie	State	Pa	Zip Code 16511

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/21/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	02/01/19	05/06/19	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1563.86	
C. Total Funds Available (Sum of Lines A and B)	\$	1563.86	
D. Total Expenditures (From Schedule III)	\$	1183.26	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	380.60	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	150.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

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

09 day of May 20 19

*Kimberly M. Hill*  
Signature

*Magdalena Bretz*  
Signature of Person Submitting report

Magdalena Bretz

Printed Name

My Commission expires 10 13 19  
MO. DAY YR.

814

Area Code

870-2563

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

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

09 day of May 20 19

*Kimberly M. Hill*  
Signature

**KIMBERLY M. HILL**  
Notary Public  
MILLCREEK TWP, ERIE COUNTY  
My Commission Expires Oct 13, 2019

*Ronald Manna*  
Signature of Candidate

Ron Manna

Printed Name

My Commission expires 10 13 19  
MO. DAY YR.

814

Area Code

806-5623

Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	1283.86
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	330.00
Total for the reporting period	(2)	\$	330.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	0
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>		\$	1563.86

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.

<b>Filer Identification Number</b>	
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							Amount
<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>	\$
<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 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		Ron Manna				Date [MM/DD/YYYY]	\$	70.00
						2/11/2019		
House #	3223	Street Address		Dynes Avenue		Date [MM/DD/YYYY]	\$	
City		Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Daelynn Fife				Date [MM/DD/YYYY]	\$	100.00
						2/16/2019		
House #	4160	Street Address		Woodsdale Drive		Date [MM/DD/YYYY]	\$	
City		Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$
Full Name of Contributor		David Dicarlo				Date [MM/DD/YYYY]	\$	100.00
						02/23/2019		
House #	4574	Street Address		Walton Woods Drive		Date [MM/DD/YYYY]	\$	
City		Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Robert Rose				Date [MM/DD/YYYY]	\$	60.00
						02/16/2019		
House #	511	Street Address		W Eaglewood Drive		Date [MM/DD/YYYY]	\$	
City		Erie	State	pa	Zip Code	16510	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.

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

<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, 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							
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>		
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TOTAL for the reporting period	(1)	\$	0
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<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
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TOTAL for the reporting period	(2)	\$	150.00
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<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
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TOTAL for the reporting period	(3)	\$	0
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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)		\$	150.00
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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>							

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>					Jodi Manna		<b>Date [MM/DD/YYYY]</b>		\$	150.00	
							02/13/2019				
<b>House #</b>	3223		<b>Street Address</b>		Dynes Avenue					<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	Erie		<b>State</b>	PA	<b>Zip Code</b>	16510				<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>	Items for Raffle
<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

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		Eastway Lanes				<b>Date [MM/DD/YYYY]</b>	\$	187.41
						02/16/2019		
<b>House #</b>	4110	<b>Street Address</b>	Buffalo Road			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16510	Fundraiser		
<b>To Whom Paid</b>		Your Harborcreek				<b>Date [MM/DD/YYYY]</b>	\$	150.00
						03/14/2019		
<b>House #</b>	5601	<b>Street Address</b>	Buffalo Road			<b>Description of Expenditure</b>		
<b>City</b>	Harborcreek	<b>State</b>	PA	<b>Zip Code</b>	16421	Business Card Ad		
<b>To Whom Paid</b>		Erie Promotions				<b>Date [MM/DD/YYYY]</b>	\$	705.10
						03/14/2019		
<b>House #</b>	5938	<b>Street Address</b>	Spires Drive			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Signs		
<b>To Whom Paid</b>		Creative Imprints				<b>Date [MM/DD/YYYY]</b>	\$	140.75
						03/14/2019		
<b>House #</b>	4723	<b>Street Address</b>	Buffalo Road			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16510	Tshirts		
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				

**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 [MM/DD/YYYY]</b>			\$	
<b>City</b>		<b>State</b>	<b>Zip Code</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 [MM/DD/YYYY]</b>			\$	
<b>City</b>		<b>State</b>	<b>Zip Code</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 [MM/DD/YYYY]</b>			\$	
<b>City</b>		<b>State</b>	<b>Zip Code</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 [MM/DD/YYYY]</b>			\$	
<b>City</b>		<b>State</b>	<b>Zip Code</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 [MM/DD/YYYY]</b>			\$	
<b>City</b>		<b>State</b>	<b>Zip Code</b>			
<b>Description of Debt</b>						