

# 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	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Ronald Manna					
Street Address		3223 Dynes Avenue					
City	Erie	State	PA	Zip Code	16510		

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)	\$	1950	
C. Total Funds Available (Sum of Lines A and B)	\$	1950	
D. Total Expenditures (From Schedule III)	\$	2236.51	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	- 286.51	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	596.18	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

Affidavit Section

Part 1- 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

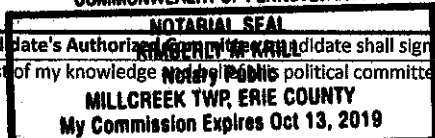
05 day of 09 20 19

*Kimberly M. Hill*  
Signature

*Ronald Manna*  
Signature of Person Submitting report  
Ronald Manna  
Printed Name

My Commission expires 10 13 19  
MO. DAY YR.

814 Area Code 806-5623 Daytime Telephone Number



Part II- If this is a report of a Candidate's Authorized Agent, the 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 of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

My Commission expires \_\_\_\_\_ MO. DAY YR.

\_\_\_\_\_  
Area Code \_\_\_\_\_ 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)	\$	50.00
<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)	\$	200.00
Total for the reporting period (2)	\$	200.00
<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)	\$	1700.00
Total for the reporting period (3)	\$	1700.00
<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>		\$ 1950.00

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											
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	Amount			
House #	Street Address						Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	Amount			
House #	Street Address						Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	Amount			
House #	Street Address						Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	Amount			
House #	Street Address						Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	Amount			
House #	Street Address						Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	Amount			
House #	Street Address						Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$		

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		Fred Koebelein				Date [MM/DD/YYYY]	\$	
						02/07/2019		100.00
House #	190	Street Address		Kraus Drive		Date [MM/DD/YYYY]	\$	
City	Eie	State	PA	Zip Code	16511	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Robert Allison				Date [MM/DD/YYYY]	\$	
						05/01/2019		100.00
House #	8424	Street Address		East Lake Road		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16511	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.

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)

Filer Identification Number:	
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Full Name of Contributor		Gus Manna				Date [MM/DD/YYYY]	\$	500.00
						02/13/2019		
House #	710	Street Address		Irvine Drive		Date [MM/DD/YYYY]	\$	300.00
						02/23/2019		
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$	300.00
						03/10/2019		
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		Charles Roach				Date [MM/DD/YYYY]	\$	600.00
						03/23/2019		
House #	3302	Street Address		Mingo Avenue		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16510	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							
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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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	\$	132.56

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	\$	175.94

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	\$	287.68

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>\$</b>		
Jodi Manna					01/20/2019		77.86		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		
3223		Dynes Avenue			02/01/2019		98.08		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
Erie		PA		16510					
<b>Description of Contribution</b>					Ink				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>Description of Contribution</b>									
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>Description of Contribution</b>									
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>Description of Contribution</b>									
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</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>		\$	287.68
							02/08/2019			
<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>					

<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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<b>To Whom Paid</b>		E Form Online				<b>Date [MM/DD/YYYY]</b>	\$	128.00
						12/21/2018		
<b>House #</b>	3015	<b>Street Address</b>	N Ocean Blvd			<b>Description of Expenditure</b>		
<b>City</b>	Fort Lauderdale	<b>State</b>	FL	<b>Zip Code</b>	33308	<b>EIN Number</b>		
<b>To Whom Paid</b>		Wacky Buttons				<b>Date [MM/DD/YYYY]</b>	\$	46.51
						01/14/2019		
<b>House #</b>	101	<b>Street Address</b>	Lincoln Parkway Suite A			<b>Description of Expenditure</b>		
<b>City</b>	East Rochester	<b>State</b>	NY	<b>Zip Code</b>	14445	<b>Buttons</b>		
<b>To Whom Paid</b>		Erie Promotion				<b>Date [MM/DD/YYYY]</b>	\$	460.09
						01/22/2019		
<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	<b>Signs</b>		
<b>To Whom Paid</b>		Erie Promotions				<b>Date [MM/DD/YYYY]</b>	\$	225.00
						02/06/2019		
<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	<b>Banner</b>		
<b>To Whom Paid</b>		Office epot				<b>Date [MM/DD/YYYY]</b>	\$	401.73
						03/21/2019		
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Brochures</b>		
<b>To Whom Paid</b>		Erie Promotions				<b>Date [MM/DD/YYYY]</b>	\$	326.22
						03/26/2019		
<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	<b>50 Signs</b>		
<b>To Whom Paid</b>		Rebecca Buckel				<b>Date [MM/DD/YYYY]</b>	\$	100.00
						03/31/2019		
<b>House #</b>	440	<b>Street Address</b>	Lowery Road			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16511	<b>Tshirts</b>		
<b>To Whom Paid</b>		Emerald Printing				<b>Date [MM/DD/YYYY]</b>	\$	558.96
						05/02/2019		
<b>House #</b>	3212	<b>Street Address</b>	Cherry Street			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Political post card mailer</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</b> [MM/DD/YYYY]	\$	
<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</b> [MM/DD/YYYY]	\$	
<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</b> [MM/DD/YYYY]	\$	
<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</b> [MM/DD/YYYY]	\$	
<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</b> [MM/DD/YYYY]	\$	
<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</b> [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							