

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		LYNDA MEYER					
Street Address		5362 LUNGER ROAD					
City	ERIE	State	PA	Zip Code	16510		

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 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)		Year		Amendment Report		Termination Report		
05/12/2019		2019						

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only			
	1-1-2019	5-6-2019	2019 MAY -7 PM 3:53 ERIE COUNTY VOTER REGISTRATION RF			
A. Amount Brought Forward From Last Report	\$	- 0 -				
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2745.00				
C. Total Funds Available (Sum of Lines A and B)	\$					
D. Total Expenditures (From Schedule III)	\$	3903.12				
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-1158.12				
F. Value of In-Kind Contributions Received (From Schedule II)	\$					
G. Unpaid Debts and Obligations (From Schedule IV)	\$	- 0 -				

Affidavit Section	
Part I- If this is a Committee report, treasurer 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.	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 <u>7th</u> day of <u>May</u> 20 <u>19</u> Signature: <u>Sonia Fernandez</u> My Commission expires <u>4-3-23</u> MO. DAY YR.	Signature of Person Submitting report: <u>Lynda D. Meyer</u> Printed Name: <u>Lynda D. Meyer</u> Area Code: <u>814</u> Daytime Telephone Number: <u>881-9889</u>

Notary Public
 Sonia Fernandez
 ERIE COUNTY
 My Commission Expires April 3, 2023
 Commission number 12889123
 Member Pennsylvania Association of Notaries

Sworn to and subscribed before me this _____ day of _____ 20____ Signature _____ My Commission expires _____ MO. DAY YR.	Signature of Candidate _____ Printed Name _____ Area Code _____ Daytime Telephone Number _____
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SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

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

Total for the reporting period	(1)	\$	875.00
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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 -
All Other Contributions (Part B)		\$	1870.00
Total for the reporting period	(2)	\$	2745.00

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)		\$	- 0 -
All Other Contributions (Part D)		\$	- 0 -
Total for the reporting period	(3)	\$	- 0 -

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

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>			\$

X

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		BRENDA NELSON			Date [MM/DD/YYYY]	\$	100. ⁰⁰
House #	6889	Street Address	STATION ROAD		Date [MM/DD/YYYY]	\$	
City	EMU	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$
Full Name of Contributor		KERRY LUTZ			Date [MM/DD/YYYY]	\$	100. ⁰⁰
House #	116	Street Address	OAK TREE COURT		Date [MM/DD/YYYY]	\$	
City	EMU	State	PA	Zip Code	16511	Date [MM/DD/YYYY]	\$
Full Name of Contributor		LORI GIBBONS			Date [MM/DD/YYYY]	\$	100. ⁰⁰
House #	225	Street Address	FOREST DRIVE		Date [MM/DD/YYYY]	\$	
City	EMU	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor		SHERRI HEASLEY			Date [MM/DD/YYYY]	\$	100. ⁰⁰
House #	3263	Street Address	DEPOT ROAD		Date [MM/DD/YYYY]	\$	
City	HARBORCREEK	State	PA	Zip Code	16411	Date [MM/DD/YYYY]	\$
Full Name of Contributor		PATRICIA GRAFF			Date [MM/DD/YYYY]	\$	100. ⁰⁰
House #	5333	Street Address	WINTERBERRY DR.		Date [MM/DD/YYYY]	\$	
City	EMU	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$
Full Name of Contributor		DEANNA HEASLEY			Date [MM/DD/YYYY]	\$	100. ⁰⁰
House #	5367	Street Address	FRASIER STREET		Date [MM/DD/YYYY]	\$	
City	EMU	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$

X

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	KAREN MEYER				Date [MM/DD/YYYY]	02/23/2019	\$	150. ⁰⁰
House #	915	Street Address	BONNIE BRAE		Date [MM/DD/YYYY]		\$	
City	EMU	State	PA	Zip Code	16571	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	DAVID DENNISON				Date [MM/DD/YYYY]	02/23/2019	\$	100. ⁰⁰
House #	3027	Street Address	W. 24TH STREET		Date [MM/DD/YYYY]		\$	
City	EMU	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	MIKE SIMMONS				Date [MM/DD/YYYY]	02/23/2019	\$	100. ⁰⁰
House #	5515	Street Address	FREDERICK DRIVE		Date [MM/DD/YYYY]		\$	
City	EMU	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	MIKE HOLLERN				Date [MM/DD/YYYY]	02/23/2019	\$	250. ⁰⁰
House #	5516	Street Address	FREDERICK DRIVE		Date [MM/DD/YYYY]		\$	
City	EMU	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	MARCELLA RUTKOSKY				Date [MM/DD/YYYY]	02/23/2019	\$	100. ⁰⁰
House #	5808	Street Address	JORDON ROAD		Date [MM/DD/YYYY]		\$	
City	EMU	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	P.J. MONELLA				Date [MM/DD/YYYY]	04/18/2019	\$	100. ⁰⁰
House #	715	Street Address	CONNECTICUT DRIVE #12A		Date [MM/DD/YYYY]		\$	
City	EMU	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	

X

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	BERTHA AMES				Date [MM/DD/YYYY]	\$	100.00
House #	3844	Street Address	HAWLTON ROAD		Date [MM/DD/YYYY]	\$	
City	EME	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]	\$
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]	\$

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

Filler identification Number:

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period

01/01/2019⁽²⁾ TO 05/06/2019

\$

150.00

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)

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)

\$

150.00

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$
SCOTT PETERMAN					02/23/2019		150.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
S028	MARKWOOD DRIVE						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
EMIE	PA	16510					
Employer Name			Occupation	Description of Contribution			
PETERMAN PHOTOGRAPHY			PHOTOGRAPHER	ARTWORK FOR FUNDRAISER			
Employer Mailing Address / Principal Place of Business			Description of Contribution				
S028 MARKWOOD DR EMIE PA 16510			ARTWORK FOR FUNDRAISER				
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	Description of Contribution			
Employer Mailing Address / Principal Place of Business			Description of Contribution				
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	Description of Contribution			
Employer Mailing Address / Principal Place of Business			Description of Contribution				
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	Description of Contribution			
Employer Mailing Address / Principal Place of Business			Description of Contribution				

SCHEDULE III

Statement of Expenditures

Filer Identification Number: _____

To Whom Paid	WALMART				Date [MM/DD/YYYY]	\$	178.50
House #	574	Street Address	BUFFALO ROAD		Description of Expenditure		
City	HARBORCREEN	State	PA	Zip Code	16401 POSTAGE & ENVELOPES		
To Whom Paid	VISTA PRINTS				Date [MM/DD/YYYY]	\$	218.98
House #	950	Street Address	NORTH RIO ROCK ROAD A		Description of Expenditure		
City	RENO	State	NV	Zip Code	89508 MAGNETS & CARDS		
To Whom Paid	MICHAELS				Date [MM/DD/YYYY]	\$	72.45
House #	800	Street Address	BENT BRANCH DRIVE		Description of Expenditure		
City	IRVING	State	TX	Zip Code	75063 SHIRTS		
To Whom Paid	CHRISTMAS TREE SHOPS				Date [MM/DD/YYYY]	\$	12.68
House #	2088	Street Address	INTERCHANGE RD		Description of Expenditure		
City	EMU	State	PA	Zip Code	16505 THANK YOU NOTES		
To Whom Paid	HEAT PRESS NATION				Date [MM/DD/YYYY]	\$	73.83
House #	2300	Street Address	EAST WALNUT AVE		Description of Expenditure		
City	FULLERTON	State	CA	Zip Code	92831 VINYL FOR SHIRTS		
To Whom Paid	DESANTIS SIGNS & GRAPHICS				Date [MM/DD/YYYY]	\$	1686.73
House #	54	Street Address	W. 18th STREET		Description of Expenditure		
City	EMU	State	PA	Zip Code	16502 YARD SIGNS		
To Whom Paid	VISTA PRINTS				Date [MM/DD/YYYY]	\$	203.66
House #	9250	Street Address	NORTH RIO ROCK ROAD A		Description of Expenditure		
City	RENO	State	NV	Zip Code	89508 STICKERS		
To Whom Paid	CREEKS RESTAURANT				Date [MM/DD/YYYY]	\$	550.00
House #	4935	Street Address	EAST LAKE ROAD		Description of Expenditure		
City	EMU	State	PA	Zip Code	16511 FOOD FOR FUNDRAISER		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	DESANTIS SIGNS & GRAPHICS				Date [MM/DD/YYYY]	\$	237.44
House #	540	Street Address	W. 18TH STREET		Description of Expenditure		
City	EMU	State	PA	Zip Code	16502	YARD SIGNS	
To Whom Paid	STAPLES				Date [MM/DD/YYYY]	\$	333.20
House #	1902	Street Address	KEYSTONE DRIVE		Description of Expenditure		
City	EMU	State	PA	Zip Code	16509	PRINTING SERVICES	
To Whom Paid	LOWES				Date [MM/DD/YYYY]	\$	49.26
House #	1930	Street Address	KEYSTONE DRIVE		Description of Expenditure		
City	EMU	State	PA	Zip Code	16509	SUPPLIES	
To Whom Paid	HOME DEPOT				Date [MM/DD/YYYY]	\$	73.61
House #	7451	Street Address	PEACH STREET		Description of Expenditure		
City	EMU	State	PA	Zip Code	16509	SUPPLIES	
To Whom Paid	SCOTT ELECTRIC				Date [MM/DD/YYYY]	\$	54.04
House #	1840	Street Address	E. 10TH STREET		Description of Expenditure		
City	EMU	State	PA	Zip Code	16511	SUPPLIES	
To Whom Paid	STAPLES				Date [MM/DD/YYYY]	\$	158.74
House #	1902	Street Address	KEYSTONE DRIVE		Description of Expenditure		
City	EMU	State	PA	Zip Code	16509	PRINTING SERVICES	
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			