



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) | <input type="checkbox"/> | 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 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) | | 5/21/2019 | 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 |
|---|-----------|-----------|---|
| | 1/15/2019 | 5/6/2019 | |
| A. Amount Brought Forward From Last Report | \$ | 0 | 2019 MAY 10 PM 11:06 ERIE COUNTY VOTER REGISTRATION TF |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 13,746.07 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 13,746.07 | |
| D. Total Expenditures (From Schedule III) | \$ | 2,465.97 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 11,280.10 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 7,768.04 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 2,000.00 | |

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate's Authorized Committee** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 8th day of May 202019

Kimberly Ann Weber
Signature

My Commission expires 5 20 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 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 8th day of May 202019

Kimberly Ann Weber
Signature

My Commission expires 5 20 21
MO. DAY YR.

Dan Ouellet
Signature of Candidate

Daniel Ouellet
Printed Name

814 823-5395
Area Code Daytime Telephone Number

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

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

| | |
|------------------------------------|------------|
| Filer Identification Number | 83-3126011 |
|------------------------------------|------------|

| | |
|---|--|
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | |
|---|--|

| | | | |
|--------------------------------|-----|----|----------|
| Total for the reporting period | (1) | \$ | 1,445.91 |
|--------------------------------|-----|----|----------|

| | |
|---|--|
| 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) | \$ | 800 |
|----------------------------------|----|-----|

| | | | |
|--------------------------------|-----|----|-----|
| Total for the reporting period | (2) | \$ | 800 |
|--------------------------------|-----|----|-----|

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

| | | |
|---|----|---|
| Contributions Received from Political Committees (Part C) | \$ | 0 |
|---|----|---|

| | | |
|----------------------------------|----|--------|
| All Other Contributions (Part D) | \$ | 11,500 |
|----------------------------------|----|--------|

| | | | |
|--------------------------------|-----|----|--------|
| Total for the reporting period | (3) | \$ | 11,500 |
|--------------------------------|-----|----|--------|

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

| | | | |
|--------------------------------|-----|----|------|
| Total for the reporting period | (4) | \$ | 0.16 |
|--------------------------------|-----|----|------|

| | | |
|---|----|-----------|
| 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> | \$ | 13,746.07 |
|---|----|-----------|

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: | 83-3126011 - No contributions received from Political Committees |
|------------------------------|--|

| | | | | | | | Amount |
|-------------------------------------|----------------|--|----------|--|--|-------------------|--------|
| 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 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: | 83-3126011 |
|-------------------------------------|------------|

| | | | | | |
|---------------------------------|------------|-----------------------|------------------|--------------------------|-------|
| Full Name of Contributor | | John Strong | | Date [MM/DD/YYYY] | \$ |
| | | | | 2/1/2019 | 100 |
| House # | 34 | Street Address | Lowry Lane | Date [MM/DD/YYYY] | \$ |
| City | North East | State | PA | Zip Code | 16428 |
| Full Name of Contributor | | Arlene Williamson | | Date [MM/DD/YYYY] | \$ |
| | | | | 2/6/2019 | 250 |
| House # | 2135 | Street Address | East 41st Street | Date [MM/DD/YYYY] | \$ |
| City | Erie | State | PA | Zip Code | 16510 |
| Full Name of Contributor | | Kellee Heidt | | Date [MM/DD/YYYY] | \$ |
| | | | | 2/6/2019 | 100 |
| House # | 5222 | Street Address | Deerfield Drive | Date [MM/DD/YYYY] | \$ |
| City | Fairview | State | PA | Zip Code | 16415 |
| Full Name of Contributor | | Daniel Barricklow | | Date [MM/DD/YYYY] | \$ |
| | | | | 2/6/2019 | 100 |
| House # | 3102 | Street Address | West 53rd Street | Date [MM/DD/YYYY] | \$ |
| City | Erie | State | PA | Zip Code | 16506 |
| Full Name of Contributor | | Gary Walters | | Date [MM/DD/YYYY] | \$ |
| | | | | 3/8/2019 | 100 |
| House # | 3536 | Street Address | Meadow Drive | Date [MM/DD/YYYY] | \$ |
| City | Erie | State | PA | Zip Code | 16506 |
| Full Name of Contributor | | Gary Selb | | Date [MM/DD/YYYY] | \$ |
| | | | | 4/19/2019 | 150 |
| House # | 5213 | Street Address | Deerfield Drive | Date [MM/DD/YYYY] | \$ |
| City | Fairview | State | PA | Zip Code | 16415 |

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: | 83-3126011 - No contributions received from Political Committees |
|-------------------------------------|--|

| | | | | | | | |
|--|-----------------------|--------------|--|-----------------|--------------------------|--------------------------|----|
| 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: | 83-3126011 |
|-------------------------------------|------------|

| | | | | | | | |
|---|----------|-----------------------|----|------------------|---------------------------------------|--------------------------|-----------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| Daniel Ouellet (loan) | | | | | 11/25/2019 | | 2,000 |
| House # | 3224 | Street Address | | West 25th Street | | Date [MM/DD/YYYY] | |
| City | Erie | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] | |
| Employer Name | | | | | Occupation | | |
| Millcreek Township | | | | | Inspector | | |
| Employer Mailing Address / Principal Place of Business | | | | | 3608 West 26th Street, Erie, PA 16506 | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| Kimberly Green | | | | | 2/6/2019 | | 500 |
| House # | 7401 | Street Address | | Antolik Road | | Date [MM/DD/YYYY] | |
| City | Girard | State | PA | Zip Code | 16417 | Date [MM/DD/YYYY] | |
| Employer Name | | | | | Occupation | | |
| | | | | | Retired | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| Paul Ouellet | | | | | 2/22/2019 | | 1,000 |
| House # | 3223 | Street Address | | West 24th Street | | Date [MM/DD/YYYY] | |
| City | Erie | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] | |
| Employer Name | | | | | Occupation | | |
| | | | | | Retired | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| Paul Nelson | | | | | 2/25/2019 | | 1,000 |
| House # | 6900 | Street Address | | Pinegate Road | | Date [MM/DD/YYYY] | |
| City | Fairview | State | PA | Zip Code | 16415 | Date [MM/DD/YYYY] | |
| Employer Name | | | | | Occupation | | |
| Waldameer Park | | | | | Owner | | |
| Employer Mailing Address / Principal Place of Business | | | | | 220 Peninsula Drive, Erie, PA 16505 | | |

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 |
|-------------------------------------|------------|

| | | | | | | | |
|---|------|---|------------------|--------------------------|--------------------------|--------------------------|----|
| Full Name of Contributor | | Michael Visnosky | | Date [MM/DD/YYYY] | \$ | 1,000 | |
| | | | | 3/11/2019 | | | |
| House # | 5848 | Street Address | Forest Crossing | | Date [MM/DD/YYYY] | \$ | |
| City | Erie | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | LECOM Health | | Occupation | Attorney | | |
| Employer Mailing Address / Principal Place of Business | | 5515 Peach Street, Erie, PA 16509 | | | | | |
| Full Name of Contributor | | Alan Schaal | | Date [MM/DD/YYYY] | \$ | 2,800 | |
| | | | | 3/3/2019 | | | |
| House # | 4242 | Street Address | Commodore Drive | | Date [MM/DD/YYYY] | \$ | |
| City | Erie | State | PA | Zip Code | 16505 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | Amerail Systems, Inc. | | Occupation | Owner | | |
| Employer Mailing Address / Principal Place of Business | | 2301-A West 12th Street, Erie, PA 16505 | | | | | |
| Full Name of Contributor | | Craig Schaal | | Date [MM/DD/YYYY] | \$ | 2,800 | |
| | | | | 3/22/2019 | | | |
| House # | 402 | Street Address | Rondeau Drive | | Date [MM/DD/YYYY] | \$ | |
| City | Erie | State | PA | Zip Code | 16505 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | Amerail Systems, Inc. | | Occupation | Owner | | |
| Employer Mailing Address / Principal Place of Business | | 2301-A West 12th Street, Erie, PA 16505 | | | | | |
| Full Name of Contributor | | Chris Carlin | | Date [MM/DD/YYYY] | \$ | 400 | |
| | | | | 4/15/2019 | | | |
| House # | 2259 | Street Address | Brooksboro Drive | | Date [MM/DD/YYYY] | \$ | |
| City | Erie | State | PA | Zip Code | 16509 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | C. Carlin Plumbing | | Occupation | Owner | | |
| Employer Mailing Address / Principal Place of Business | | 2420 East 38th Street, Erie, PA 16510 | | | | | |

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: | 83-3126011 |
|------------------------------|------------|

| | | | | | | | | | |
|---------------------|------|------------------------|-------|------------------|----------|-------|-------------------|----|------|
| Full Name | | Northwest Savings Bank | | | | | | | |
| House # | 2863 | Street Address | | West 26th Street | | | | | |
| City | | Erie | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] | \$ | 0.16 |
| Receipt Description | | Interest Income | | | | | | | |
| 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: | 83-3126011 |
|-------------------------------------|------------|

| | | |
|--|-----|------|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the reporting period | (1) | \$ 0 |

| | | |
|---|-----|--------|
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the reporting period | (2) | \$ 225 |

| | | |
|---|-----|-------------|
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) | | |
| TOTAL for the reporting period | (3) | \$ 7,543.04 |

| | | |
|---|--|-------------|
| 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) | | \$ 7,768.04 |
|---|--|-------------|

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| | |
|-------------------------------------|------------|
| Filer Identification Number: | 83-3126011 |
|-------------------------------------|------------|

| | | | | | | | |
|------------------------------------|------|--|-------------|--------------------------|--------------------------|--------------------------|----|
| Full Name of Contributor | | Bryan Lechner | | Date [MM/DD/YYYY] | \$ | 225 | |
| | | | | 2/6/2019 | | | |
| House # | 1010 | Street Address | Sill Avenue | | Date [MM/DD/YYYY] | \$ | |
| City | Erie | State | PA | Zip Code | 16505 | Date [MM/DD/YYYY] | \$ |
| Description of Contribution | | DJ - Music and microphone services (3 hours) | | | | | |

| | | | | | | | |
|------------------------------------|--|-----------------------|--|--------------------------|--------------------------|--------------------------|----|
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| 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] | \$ |
| 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] | \$ |
| 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] | \$ |
| Description of Contribution | | | | | | | |

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

| | |
|-------------------------------------|------------|
| Filer Identification Number: | 83-3126011 |
|-------------------------------------|------------|

| | | | | | | | | | | |
|---|----------|-----------------------|----|-----------------|--------------------------------------|--------------------------|------------------------------------|----|--------------------------------------|----------|
| Full Name of Contributor | | | | | Dr. Karen Tyler | | Date [MM/DD/YYYY] | | \$ | 1,168.04 |
| | | | | | | | 2/6/2019 | | | |
| House # | 1032 | Street Address | | | Copper Drive | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | | |
| City | Erie | State | PA | Zip Code | 16509 | Date [MM/DD/YYYY] | | \$ | | |
| | | | | | | | | | | |
| Employer Name | | | | | Erie Day School | | Occupation | | Head of School | |
| Employer Mailing Address / Principal Place of Business | | | | | 1372 West 6th Street, Erie, PA 16505 | | Description of Contribution | | Food & beverages - campaign kick-off | |
| Full Name of Contributor | | | | | Joseph Weunski | | Date [MM/DD/YYYY] | | \$ | 6,375.00 |
| | | | | | | | 4/17/2019 | | | |
| House # | 6012 | Street Address | | | Tuscany Lane | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | | |
| City | Fairview | State | PA | Zip Code | 16415 | Date [MM/DD/YYYY] | | \$ | | |
| | | | | | | | | | | |
| Employer Name | | | | | Tungsten Creative Group | | Occupation | | Owner | |
| Employer Mailing Address / Principal Place of Business | | | | | 510 West 7th Street, Erie, PA 16502 | | Description of Contribution | | Consulting services | |
| 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 | | | | | | | 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 | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | Description of Contribution | | | |

SCHEDULE III
Statement of Expenditures

Filer Identification Number: 83-3126011

| | | | | | | | |
|---------------------|-------------|------------------------|-----------------------|-----------------|-----------------------------------|----|----------|
| To Whom Paid | | MegaGrafix | | | Date [MM/DD/YYYY] | \$ | 243.91 |
| | | | | | 2/5/2019 | | |
| House # | 216 | Street Address | East 8th Street | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16503 | | |
| | | | | | Display Board with Campaign Logo | | |
| To Whom Paid | | Summit Printing | | | Date [MM/DD/YYYY] | \$ | 397.58 |
| | | | | | 3/12/2019 | | |
| House # | 800 | Street Address | E 101 Terr Suite 350 | | Description of Expenditure | | |
| City | Kansas City | State | MO | Zip Code | 64131 | | |
| | | | | | Door Hangers | | |
| To Whom Paid | | Custom Poly Packaging | | | Date [MM/DD/YYYY] | \$ | 1,821.48 |
| | | | | | 3/12/2019 | | |
| House # | 3216 | Street Address | Congressional Parkway | | Description of Expenditure | | |
| City | Fort Wayne | State | IN | Zip Code | 46808 | | |
| | | | | | Yard Signs | | |
| To Whom Paid | | Northwest Savings Bank | | | Date [MM/DD/YYYY] | \$ | 3.00 |
| | | | | | 1/31/2019 | | |
| House # | 2863 | Street Address | West 26th Street | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16506 | | |
| | | | | | Service Charge | | |
| 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 |
|------------------------------|------------|

| | | | | | | | |
|---------------------|------|--------------------------------|-------|------------------|----------|---------------------------------|--|
| Name of Creditor | | Daniel Ouellet | | | | Outstanding Balance of Debt | |
| House # | 3224 | Street Address | | West 25th Street | | DATE DEBT INCURRED [MM/DD/YYYY] | |
| | | | | 1/25/2019 | | \$ 2,000 | |
| City | | Erie | State | PA | Zip Code | | |
| Description of Debt | | Loan to fund start of campaign | | | | | |

| | | | | | | | |
|---------------------|--|----------------|-------|--|----------|---------------------------------|--|
| 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 | | | | | | | |