

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	—	Report Filled By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Joseph E Sinnott							
Street Address	650 West 40th St							
City	Erie	State	PA	Zip Code	16509			

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)	5/21/19		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	
	4/2/19	5/6/19		
A. Amount Brought Forward From Last Report	\$	0		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3000.00		
C. Total Funds Available (Sum of Lines A and B)	\$	3000.00		
D. Total Expenditures (From Schedule III)	\$	3000.00		
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		

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

day of May 20 19.

Commonwealth of Pennsylvania-Notary Seal
 Shellie DelleCurti, Notary Public
 My Commission expires Erie County
 My Commission Expires February 25, 2022
 Commission No. 1186974

Signature of Person Submitting report
Joseph E Sinnott
 Printed Name

814 450 5680
 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

day of _____ 20 _____

Signature _____

My Commission expires _____ MO. DAY YR.

Signature of Candidate _____

Printed Name _____

Area Code Daytime Telephone Number _____

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Joseph E Sinnott
-----------------------------	------------------

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

Total for the reporting period (1)	\$	0
------------------------------------	----	---

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)	\$	0
----------------------------------	----	---

Total for the reporting period (2)	\$	0
------------------------------------	----	---

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

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

All Other Contributions (Part D)	\$	3000.00
----------------------------------	----	---------

Total for the reporting period (3)	\$	3000.00
------------------------------------	----	---------

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>	\$	3000.00
---	----	---------

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	Joseph E Sinnott
-----------------------------	------------------

Full Name of Contributor	Joseph E Sinnott	Date [MM/DD/YYYY]	5/4/19	\$	3000.00		
House #	650	Street Address	West 40th St	Date [MM/DD/YYYY]	\$		
City	ERIE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$
Employer Name	Mannen Law Firm	Occupation	Attorney				
Employer Mailing Address / Principal Place of Business	516 West 10th St ERIE PA 16502						
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							
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							

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number: Joseph ESinnot

To Whom Paid					Date (MM/DD/YYYY)	\$
<u>Committee to Elect Joseph ESinnot</u>					<u>5/4/19</u>	<u>3000.00</u>
House #	Street Address			Description of Expenditure		
<u>650</u>	<u>West 40th St</u>					
City	State	Zip Code				
<u>ERIE</u>	<u>PA</u>	<u>16509</u>	<u>Loan to Committee</u>			
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				
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				