



Commonwealth of Pennsylvania - Campaign Finance Report

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

File Identification Number	86-2603162	Report filed by (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Committee Name (Candidate or Committee)		committee to elect Rita Bishop						
Address		24 East Washington Street						
City	Albion	State	pa	Zip Code	16401			

Type of Report (Place x under report type)

Primary	General	Special	Retirement	Other	Annual	Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	05/18/2021					

3/9/2021	5/3/2021
\$ 0	\$ 0
\$ 900	\$ 900
\$ 900	\$ 16.72
\$ 3,883.28	\$ 3,000

ERIE COUNTY
OTER REGISTRATION
21 MAY -7 AM 8:39

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 schedule, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 4 day of May 20 21

Barbara S. Hershelman Signature
Donia Fernandez Signature
 My Commission expires Nov 11 2023 MO. DAY YR.
4-3-23

Rebecca S. Marshall Signature of Person Submitting report
 Printed Name: Rebecca S. Marshall
 Area Code: 814 Daytime Telephone Number: 434-6208

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 4 day of May 20 21

Barbara S. Hershelman Signature
 My Commission expires Nov 11 2023 MO. DAY YR.

Rita F. Bishop Signature of Candidate
 Printed Name: Rita F. Bishop
 Area Code: 814 Daytime Telephone Number: 881-9679

Commonwealth of Pennsylvania - Notary Seal
 BARBARA S. HERSHELMAN - Notary Public
 Erie County
 My Commission Expires Nov 11, 2023
 Commission Number 1290415

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number		86-2603162
1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor		
Total for the reporting period (1)		\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	250.00
All Other Contributions (Part B)	\$	650.00
Total for the reporting period (2)		\$ 900.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)		\$
4. Other Receipts - Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)		\$
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>		\$ 900.00

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	86-2603162
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							Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	250.00
Committee to elect John Loomis						3/15/2021		
House #	5706	Street Address				Jones Lane	Date [MM/DD/YYYY]	\$
City	erie	State	pa	Zip Code	16505	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.)

File Identification Number	86-2603162
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Full Name of Contributor					Date (MM/DD/YYYY)	\$
Maria Gaellner					04/30/2021	100.00
House #	1242	Street Address	West 8th Street		Date (MM/DD/YYYY)	\$
City	Erie	State	PA	Zip Code	16502	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
Nicole Sloane					03/21/2021	100.00
House #	12738	Street Address	Route 5		Date (MM/DD/YYYY)	\$
City	Corry	State	PA	Zip Code	16407	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
Michael & Rebecca Welch					03/20/2021	100.00
House #	1437	Street Address	Lemitar Road SW		Date (MM/DD/YYYY)	\$
City	Deming	State	NM	Zip Code	88030	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
Rebecca Marshall					03/31/2021	50.00
House #	24	Street Address	East Washington Street		Date (MM/DD/YYYY)	\$
City	Albion	State	PA	Zip Code	16401	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
James Trocki					03/29/2021	100.00
House #	10256	Street Address	Meadville Street		Date (MM/DD/YYYY)	\$
City	Albion	State	PA	Zip Code	16401	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
Scott Seaton					04/20/2021	50.00
House #	24	Street Address	East Washington Street		Date (MM/DD/YYYY)	\$
City	Albion	State	PA	Zip Code	16401	

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	86-2603162
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Full Name of Contributor		John and Eileen Hosey		Date [MM/DD/YYYY]	\$	50.00
House #	67	Street Address	Park Avenue	Date [MM/DD/YYYY]	\$	
City	Albion	State	PA	Zip Code	16401	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

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	Address				Date (MM/DD/YYYY)
	Address				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

1. Name of the organization	
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2. Description of the contribution	
TOTAL for the reporting period	(1)
\$	

3. Description of the contribution	
TOTAL for the reporting period	(2)
\$	

4. Description of the contribution	
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)	\$	
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**SCHEDULE III
Statement of Expenditures**

File/Identification Number: 86-2603162

To Whom Paid	Erie County Courthouse - Voters Registration				Date (MM/DD/YYYY)	03/09/2021	\$	100.00
House #	140	Street Address	West 6th Street		Description of Expenditure			
City	Erie	State	PA	Zip Code	16501	Filing fee to run for County Executive		
To Whom Paid	Desantis Signs and Graphics, Inc				Date (MM/DD/YYYY)	03/12/2021	\$	1,305.50
House #	540	Street Address	West 18th Street		Description of Expenditure			
City	Erie	State	PA	Zip Code	16502	Signs		
To Whom Paid	GoPrint.com				Date (MM/DD/YYYY)	03/22/2021	\$	134.96
House #	7651	Street Address	N. San Fernando Rd		Description of Expenditure			
City	Burbank	State	CA	Zip Code	91505	Car signs and banners		
To Whom Paid	GoPrint.com				Date (MM/DD/YYYY)	03/10/2021	\$	237.38
House #	7651	Street Address	N. San Fernando Road		Description of Expenditure			
City	Burbank	State	CA	Zip Code	91505	Car signs and banners		
To Whom Paid	Desantis Signs and Graphics, Inc.				Date (MM/DD/YYYY)	03/16/2021	\$	1,000.00
House #	540	Street Address	West 18th Street		Description of Expenditure			
City	Erie	State	PA	Zip Code	16502	Signs		
To Whom Paid	JJ's Retro Eatery				Date (MM/DD/YYYY)	04/18/2021	\$	33.35
House #	198	Street Address	Miles Street #100		Description of Expenditure			
City	Union City	State	PA	Zip Code	16438	Lunch campaign help with signs		
To Whom Paid	Bushnell Store				Date (MM/DD/YYYY)	04/20/2021	\$	28.90
House #	5915	Street Address	Bushnell Road		Description of Expenditure			
City	Conneaut	State	OH	Zip Code	44030	Gas		
To Whom Paid	Bushnell Store				Date (MM/DD/YYYY)	04/25/2021	\$	33.15
House #	5915	Street Address	Bushnell Road		Description of Expenditure			
City	Conneaut	State	OH	Zip Code	44030	Gas		

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:	
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Name of Creditor		Candidate Rita Bishop				Outstanding Balance of Debt	
House #	10172	Street Address		Barney Road		DATE DEBT INCURRED [MM/DD/YYYY]	
City		albion	State	pa	Zip Code	16401	3000.00
Description of Debt		Start up to pay for Signs and magnet, etc.					

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							