



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 (Name)	Candidate	Committee	Lobbyist
Name of Committee, Candidate or		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	Other	Annual	Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date	05/18/2021				

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

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

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 true 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
Jonia Fernandez Signature

My Commission expires Nov 11 2023 MO. DAY YR.
4-3-23

Signature of Person Submitting report: *Rebecca S. Marshall*
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.

Signature of Candidate: *Rita F. Bishop*
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		Committee to elect John Loomis				Date [MM/DD/YYYY]	\$	250.00
						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.)

filer identification number	86-2603162
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Full Name of Contributor		Maria Goellner			Date [MM/DD/YYYY]	\$	100.00
					04/30/2021		
House #	1242	Street Address		West 8th Street	Date [MM/DD/YYYY]	\$	
City		Erie	State	PA	Zip Code	16502	Date [MM/DD/YYYY]
							\$
Full Name of Contributor		Nicole Sloane			Date [MM/DD/YYYY]	\$	100.00
					03/21/2021		
House #	12738	Street Address		Route 6	Date [MM/DD/YYYY]	\$	
City		Corry	State	PA	Zip Code	16407	Date [MM/DD/YYYY]
							\$
Full Name of Contributor		Michael & Rebecca Welch			Date [MM/DD/YYYY]	\$	100.00
					03/20/2021		
House #	1497	Street Address		Lemitar Road SW	Date [MM/DD/YYYY]	\$	100.00
					04/19/2021		
City		Deming	State	NM	Zip Code	88030	Date [MM/DD/YYYY]
							\$
Full Name of Contributor		Rebecca Marshall			Date [MM/DD/YYYY]	\$	50.00
					03/31/2021		
House #	24	Street Address		East Washington Street	Date [MM/DD/YYYY]	\$	
City		Albion	State	PA	Zip Code	16401	Date [MM/DD/YYYY]
							\$
Full Name of Contributor		James Trocki			Date [MM/DD/YYYY]	\$	100.00
					03/29/2021		
House #	10256	Street Address		Meadville Street	Date [MM/DD/YYYY]	\$	
City		Albion	State	PA	Zip Code	16401	Date [MM/DD/YYYY]
							\$
Full Name of Contributor		Scott Seaton			Date [MM/DD/YYYY]	\$	50.00
					04/20/2021		
House #	24	Street Address		East Washington Street	Date [MM/DD/YYYY]	\$	
City		Albion	State	PA	Zip Code	16401	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	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	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

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TOTAL for the reporting period	(1)	\$	

TOTAL for the reporting period	(2)	\$	

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

Elector Identification Number	86-2503162
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To Whom Paid	Erie County Courthouse - Voters Registration	Date (MM/DD/YYYY)	03/09/2021	\$	100.00
House #	140	Street Address	West 6th Street		
City	Erie	State	PA	Zip Code	16501
Description of Expenditure					
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		
City	Erie	State	PA	Zip Code	16502
Description of Expenditure					
Signs					
To Whom Paid	GoPrint.com	Date (MM/DD/YYYY)	03/22/2021	\$	134.96
House #	7651	Street Address	N. San Fernando Rd		
City	Burbank	State	CA	Zip Code	91505
Description of Expenditure					
Car signs and banners					
To Whom Paid	GotPrint.com	Date (MM/DD/YYYY)	03/10/2021	\$	237.38
House #	7651	Street Address	N. San Fernando Road		
City	Burbank	State	CA	Zip Code	91505
Description of Expenditure					
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		
City	Erie	State	PA	Zip Code	16502
Description of Expenditure					
Signs					
To Whom Paid	JJ's Retro Eatery	Date (MM/DD/YYYY)	04/18/2021	\$	33.35
House #	198	Street Address	Miles Street #100		
City	Union City	State	PA	Zip Code	16438
Description of Expenditure					
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		
City	Conneaut	State	OH	Zip Code	44030
Description of Expenditure					
Gas					
To Whom Paid	Bushnell Store	Date (MM/DD/YYYY)	04/25/2021	\$	33.15
House #	5915	Street Address	Bushnell Road		
City	Conneaut	State	OH	Zip Code	44030
Description of Expenditure					
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							