

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	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Maurice "Mo" Troop				
Street Address		2109 June St				
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)		05/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
A. Amount Brought Forward From Last Report	03/01/2021	05/03/2021
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 525.00
C. Total Funds Available (Sum of Lines A and B)		\$ 525.00
D. Total Expenditures (From Schedule III)		\$ 248.50
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 276.50
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 89.40
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0

For Office Use Only

2021 MAY - 7 PM 3:13
ERIE COUNTY
VOTER 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 schedules and appendices to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 7th day of May 2021

[Signature]
Signature

My Commission expires 4-3-23
MO. DAY YR.

[Signature]
Signature of Person Submitting report

DAVID L. TATE
Printed Name

814 602-3675
Area Code Daytime Telephone Number

Deidre

Part II - If this is a report of a Candidate's Authorized Committee, candidate's authorized committee member 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 7th day of May 2021

[Signature]
Signature

My Commission expires 4-3-23
MO. DAY YR.

[Signature]
Signature of Candidate

MAURICE TROOP
Printed Name

814 602-5375
Area Code Daytime Telephone Number

MAURICE

Notary Public
 Commonwealth of Pennsylvania - Notary Seal
 Tonia Fernandez, Notary Public
 Erie County
 My commission expires April 3, 2025
 Commission number 1288912
 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	50.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	Ø
All Other Contributions (Part B)		\$	475.00
Total for the reporting period	(2)	\$	475.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	Ø
All Other Contributions (Part D)		\$	Ø
Total for the reporting period	(3)	\$	Ø
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	Ø
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>		\$	525.00

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	
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										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]	
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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
TATIANA BARNETT					03/27/2021		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	2116 Glendale Ave						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
ERIE	PA	16510					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Maurice Troop					03/27/2021		25.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	2109 June Sq.				04/23/2021		50.00
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
ERIE	PA	16510					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Carol Troop					04/12/2021		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	2109 June Sq.						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
ERIE	PA	16510					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Tom DeFlora					04/08/2021		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	505 Henry Dingus Way						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Moore Valley	NC	28751					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Vince Caccamo					04/26/2021		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	6802 Haskell Drive						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
FAIRVIEW	PA	16415					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	

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:									
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:	
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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							
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							

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.

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

TOTAL for the reporting period	(1)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	89.40
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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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)		\$	89.40
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor		JORDAN LANDER			Date [MM/DD/YYYY]	\$	50.00
House #	Street Address		10044 Seeley St		Date [MM/DD/YYYY]	\$	39.40
City	Lake City	State	PA	Zip Code	16423	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							

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:	
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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		
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:	
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To Whom Paid	Signs on The Cheap				Date [MM/DD/YYYY]	\$	235.13
House #	Street Address	11525 A Stonehollow Dr Ste 100		Description of Expenditure			
City	Austin	State	TX	Zip Code	78758	SIGNS	

To Whom Paid	Act Blue				Date [MM/DD/YYYY]	\$	3.38
House #	Street Address	P.O. Box 441146		Description of Expenditure			
City	Somerville	State	MA	Zip Code	02144		

To Whom Paid	Delexe				Date [MM/DD/YYYY]	\$	9.99
House #	Street Address	3680 Victoria St, North		Description of Expenditure			
City	Shoreview	State	MN	Zip Code	55126	CHECK ORDER	

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			

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					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						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						