

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	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		FIORÉ LEONE					
Street Address		1364 W. 32 ND ST.					
City	ERIE	State	PA	Zip Code	16508		

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		

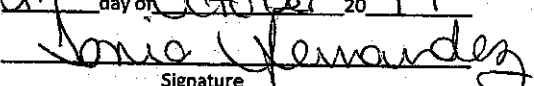
Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report		\$ 2904. ²³	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2019 OCT 21 AM 9:40 ERIE COUNTY VOTER REGISTRATION </div>
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	
C. Total Funds Available (Sum of Lines A and B)		\$ 2904. ²³	
D. Total Expenditures (From Schedule III)		\$ 750. ⁰⁰	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 2154. ²³	
F. Value of In-Kind Contributions Received (From Schedule II)		\$	
G. Unpaid Debts and Obligations (From Schedule IV)		\$	

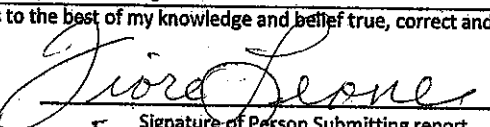
Affidavit Section

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

Sworn to and subscribed before me this 21st day of October 2019


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


 Signature of Person Submitting report
 FIORÉ LEONE
 Printed Name
 Area Code 814 Daytime Telephone Number 864-6306

Part II- If this is a report of a Candidate's Authorized Committee, the 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 of Candidate

 Printed Name
 Area Code _____ Daytime Telephone Number _____

My Commission expires _____ MO. DAY YR.

Notary Public
 Sonia Hernandez
 Erie County
 My Commission expires April 3, 2023
 My Commission number 1288912
 My Commission expires April 3, 2023
 My Commission number 1288912
 My Commission expires April 3, 2023
 My Commission number 1288912

SCHEDULE III
Statement of Expenditures

File Identification Number: _____

To Whom Paid	PAT D. PAOLO GOLF SCH. FUND	Date [MM/DD/YYYY]	06/14/2019	\$	500. ⁰⁰
House #	Street Address	Description of Expenditure			
	926 W. 33RD ST				
City	State	Zip Code	Description of Expenditure		
ERIE	PA	16508	SIGNS FOR D. PAOLO SCH. FUND GOLF COURSE CL# 126		

To Whom Paid	DONATO LEONE	Date [MM/DD/YYYY]	06/20/2019	\$	250
House #	Street Address	Description of Expenditure			
	1820 POPLAR ST				
City	State	Zip Code	Description of Expenditure		
ERIE	PA	16502	GOLF POUCHET PAY TO POLLWORKERS & GASOLINE		

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Description of Expenditure		