



Reset Form

Print Form

# 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		J. Michael Lindner					
Street Address		2606 Kimberly Dr					
City	Erie	State	PA	Zip Code	16509		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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)	11/5/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	04/02/2019	10/21/2019	
A. Amount Brought Forward From Last Report	\$	0	<p style="text-align: center;">2019 OCT 24 AM 10:48 ERIE COUNTY VOTER REGISTRATION KE</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	953.19	
C. Total Funds Available (Sum of Lines A and B)	\$	953.19	
D. Total Expenditures (From Schedule III)	\$	935.19	
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, to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 23<sup>rd</sup> day of October 2019

Sonia Hernandez  
Signature

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

J. Michael Lindner  
Signature of Person Submitting report  
J. Michael Lindner  
Printed Name

814 3972411  
Area Code Daytime Telephone Number

Notary Public  
 Sonia Hernandez, Notary Public  
 Erie County  
 My commission expires April 3, 2023  
 Commission number 1288912  
 Member of Pennsylvania Association of Notaries

Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.

I swear (or affirm) that to the best of my knowledge and belief this report, including the attached schedules on paper, to the best of my knowledge and belief true, correct and complete.

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

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

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											
										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]	\$
J. Michael Lindner					04/02/2019	100
House #	2606	Street Address	Kimberly Dr		Date [MM/DD/YYYY]	\$
					04/17/2019	50
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]
					10/8/2019	205.35
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 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:	
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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)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>		J. Michael Lindner			<b>Date [MM/DD/YYYY]</b>	\$	597.84
					04/02/2019		
<b>House #</b>	2606	<b>Street Address</b>		Kimberly Dr	<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>						<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>						<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>						<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>						<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>							

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)	\$	
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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)	\$	
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**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period	(3)	\$	
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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)		\$	
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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				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					

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

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>	R Frank Photography LLC	<b>Date [MM/DD/YYYY]</b>	\$	100
		04/03/2019		

<b>House #</b>	2199	<b>Street Address</b>	Foxboro Ct.		<b>Description of Expenditure</b>
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16510
					Social Media Photographs

<b>To Whom Paid</b>	DeSantis Signs & Graphics Inc.	<b>Date [MM/DD/YYYY]</b>	\$	597.48
		04/02/2019		

<b>House #</b>	540	<b>Street Address</b>	West 18th Street		<b>Description of Expenditure</b>
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502
					Campaign yard signs

<b>To Whom Paid</b>	Community Access Media	<b>Date [MM/DD/YYYY]</b>	\$	50
		4/17/2019		

<b>House #</b>	142	<b>Street Address</b>	West 12th Street		<b>Description of Expenditure</b>
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501
					Candidate Media Segment

<b>To Whom Paid</b>	PrintPlace.com	<b>Date [MM/DD/YYYY]</b>	\$	205.35
		10/08/2019		

<b>House #</b>	1130	<b>Street Address</b>	1130 Ave H East		<b>Description of Expenditure</b>
<b>City</b>	Arlington	<b>State</b>	TX	<b>Zip Code</b>	76011
					Campaign door hangers

<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	

<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	

<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	

<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	

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							