

# 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)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Rosemary Sheridan						
Street Address		413 Colorado Dr						
City	Erie	State	Pa	Zip Code	16505			

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)		Nov 5		Year	2019		Amendment Report	Termination Report

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		10-21-19	2019 OCT 21 PM 2:26 ERIE COUNTY VOTER REGISTRATION TR
A. Amount Brought Forward From Last Report		\$	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	
C. Total Funds Available (Sum of Lines A and B)		\$	
D. Total Expenditures (From Schedule III)		\$ 2,881.06	
E. Ending Cash Balance (Subtract Line D from Line C)		\$	
F. Value of In-Kind Contributions Received (From Schedule II)		\$	
G. Unpaid Debts and Obligations (From Schedule IV)		\$	

**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 19<sup>th</sup> day of October 2019

Tonia Hernandez  
Signature

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

Rosemary Sheridan  
Signature of Person Submitting report  
Rosemary Sheridan  
Printed Name  
814 Area Code      602-5235 Daytime Telephone Number

**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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_ MO. DAY YR.

\_\_\_\_\_  
Signature of Candidate  
 \_\_\_\_\_  
Printed Name  
 \_\_\_\_\_ Area Code      \_\_\_\_\_ Daytime Telephone Number

Affirmation Seal  
 Commonwealth of Pennsylvania - Erie County  
 Tonia Hernandez, Notary Public  
 My commission expires April 3, 2023  
 Commission number 12889  
 Member, Pennsylvania Association of Notaries

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]		\$		

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:	
------------------------------	--

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]	\$	
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:	
------------------------------	--

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:	
------------------------------	--

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:	
------------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

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

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



**SCHEDULE II  
PART F**

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</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>Description of Contribution</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>Description of Contribution</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>Description of Contribution</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>Description of Contribution</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>Description of Contribution</b>								

SCHEDULE II

Part G

**In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	
------------------------------	--

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:	
------------------------------	--

To Whom Paid	DeSantis Signs				Date [MM/DD/YYYY]	\$	1,150.10
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	540 West 18th St	Eme	Pa	16502	yard signs		

To Whom Paid	DeSantis Signs				Date [MM/DD/YYYY]	\$	90.00
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	540 West 18th St	Eme	Pa	16502	campaign Bldgs		

To Whom Paid	Senior News				Date [MM/DD/YYYY]	\$	235.00
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	P.O. Box 3056	Eme	Pa		ad		

To Whom Paid	Upstore				Date [MM/DD/YYYY]	\$	233.06
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	2501 West 12th St	Eme	Pa	16505	door hangers		

To Whom Paid	Sue's Notary				Date [MM/DD/YYYY]	\$	90.00
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	1353 W. 38th St	Eme	Pa	16508	Notary for petitions for Dem		

To Whom Paid	Sue's Notary				Date [MM/DD/YYYY]	\$	83.00
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	1353 W. 38th St	Eme	Pa	16508	Notary for petitions for Republican		

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

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

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:	
------------------------------	--

Name of Creditor		<i>Senior News</i>				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
	<i>P.O. Box 3056</i>	<i>10/1/2019</i>				<i>?</i>	
City	State	Zip Code					
<i>Elme</i>	<i>Pa</i>						
Description of Debt							
<i>- ads for Oct/Nov.</i>							

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							