

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	371850324	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Lindstrom for Clerk for Records								
Street Address	5005 Zuck Rd 107 #48								
City	Erie	State	Pa	Zip Code	16506				

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)	11-7	Year	2017		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5-27-17	10/27/17	
A. Amount Brought Forward From Last Report	\$	762.52	2017 OCT 23 PM 2:26 ERIE COUNTY VOTER REGISTRATION KE
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1101.05	
C. Total Funds Available (Sum of Lines A and B)	\$	1177.57	
D. Total Expenditures (From Schedule III)	\$	1150.24	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	27.33	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	330.00	

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

Sworn to and subscribed before me this

23 day of October 20 17
 Sonia Wilt
 Signature

Yvette Dash
 Signature of Person Submitting report
 Yvette Dash
 Printed Name

My Commission expires 4-3-19
 MO. DAY YR.

814 Area Code
 572-9067 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

23 day of October 20 17
 Sonia Wilt
 Signature

James Lindstrom
 Signature of Candidate
 James Lindstrom
 Printed Name

My Commission expires 4-3-19
 MO. DAY YR.

814 Area Code
 572-5965 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL BEARER
 Tonia Wilt, Notary Public
 City of Erie, Erie County
 My Commission Expires April 3, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	37 1850224
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
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Total for the reporting period (1)	\$	40.17
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
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Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	110.00
Total for the reporting period (2)	\$	

3. Contributions Over \$250.00 (From Part C and Part D)	
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Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	950.88
Total for the reporting period (3)	\$	

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
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Total for the reporting period (4)	\$	105.00 27.33
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	1101.05

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.

40.
on Part B

Filer Identification Number						Amount	
371850224							
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
Allen Lindstrom					6-12-17	\$	50-
House #	Street Address				Date [MM/DD/YYYY]	\$	
1001	Falcon Head LN					\$	
City	State		Zip Code			Date [MM/DD/YYYY]	\$
E Paso	TX		79912-7409				\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
Yvette Dash					10-1-17	\$	60.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
48	5005 Zuck Rd					\$	
City	State		Zip Code			Date [MM/DD/YYYY]	\$
Grice	Pa		16506				\$
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 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:	371850224
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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]	\$

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:	371856274
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Full Name of Contributor		Lindstrom Campaign Fundraiser			Date [MM/DD/YYYY]	\$	350.88
House #	8345	Street Address		Edinboro Rd	Date [MM/DD/YYYY]	\$	
City	Erie	State	Pa	Zip Code	16509	Date [MM/DD/YYYY]	\$
Employer Name		Fundraiser Held at			Occupation		
Employer Mailing Address / Principal Place of Business		Republican HQ Pizza & Wings					
Full Name of Contributor		Yvette Dash			Date [MM/DD/YYYY]	\$	600.00
House #	48	Street Address		5005 Zuck Rd	Date [MM/DD/YYYY]	\$	
City	Erie	State	Pa	Zip Code	16506	Date [MM/DD/YYYY]	\$
Employer Name		VA Medical Center / Glenwood Ymca			Occupation	Food service / water fitness	
Employer Mailing Address / Principal Place of Business		135 E 38th Street Erie Pa 16504 VA Medical Center					
Full Name of Contributor		3137 Cherry Street Erie Pa 16503 Glenwood Ymca			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, INTREST 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:	371850224
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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
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	37850824
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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:	371850224
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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			
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:	371850224 Lindstrom for Clerk of records
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To Whom Paid	Albion Fair	Date [MM/DD/YYYY]	6-14-17	\$	75.00
House #	30	Street Address	Academy street	Description of Expenditure	
City	Albion	State	Pa	Zip Code	16401
To Whom Paid	Amazon.com website	Date [MM/DD/YYYY]	8-4-17	\$	147.12
House #		Street Address		Description of Expenditure	
City		State		Zip Code	
To Whom Paid	Amazon.com website	Date [MM/DD/YYYY]		\$	17.99
House #		Street Address		Description of Expenditure	
City		State		Zip Code	
To Whom Paid	Erie Gay News	Date [MM/DD/YYYY]	9-10-17	\$	36.00
House #	1115	Street Address	West 7th street	Description of Expenditure	
City	Erie	State	Pa	Zip Code	16502
To Whom Paid	CAT Television	Date [MM/DD/YYYY]		\$	50.00
House #	142	Street Address	West 12th Street	Description of Expenditure	
City	Erie	State	Pa	Zip Code	16501
To Whom Paid	Sample News Group	Date [MM/DD/YYYY]	9-21-17	\$	157.50
House #	28	Street Address	West south Street	Description of Expenditure	
City	Corry	State	Pa	Zip Code	16407
To Whom Paid	WNCB Corry	Date [MM/DD/YYYY]	10-10-17	\$	90.00
House #	122	Street Address	North Center Street	Description of Expenditure	
City	Corry	State	Pa	Zip Code	16407
To Whom Paid	303 Signs	Date [MM/DD/YYYY]	10-11-17	\$	130.00
House #	2936	Street Address	Peach Street	Description of Expenditure	
City	Erie	State	Pa	Zip Code	16508

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number: 371850224 Lindstrom For Clerk of Records

To Whom Paid		<u>WCTL</u>			Date [MM/DD/YYYY]	\$	<u>\$200 -</u>
House #	<u>10912</u>	Street Address	<u>Peach Street</u>		Description of Expenditure		
City	<u>Waterford</u>	State	<u>Pa</u>	Zip Code	<u>16441</u>	<u>Advertisement</u>	
To Whom Paid		<u>Erie Gay News</u>			Date [MM/DD/YYYY]	\$	<u>36 -</u>
House #	<u>1115</u>	Street Address	<u>West 7th Street</u>		Description of Expenditure		
City	<u>Erie</u>	State	<u>Pa</u>	Zip Code	<u>16502</u>	<u>Advertisement</u>	
To Whom Paid		<u>Sample News Group</u>			Date [MM/DD/YYYY]	\$	<u>48 -</u>
House #	<u>28</u>	Street Address	<u>West South Street</u>		Description of Expenditure		
City	<u>Corry</u>	State	<u>Pa</u>	Zip Code	<u>16407</u>	<u>Advertisement</u>	
To Whom Paid		<u>Maria's Pizza</u>			Date [MM/DD/YYYY]	\$	<u>162.62</u>
House #	<u>2340</u>	Street Address	<u>West Grandview</u>		Description of Expenditure		
City	<u>Erie</u>	State	<u>Pa</u>	Zip Code	<u>16506</u>	<u>Food for fundraiser</u>	
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:	371850224
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Name of Creditor		James A. Lindstrom				Outstanding Balance of Debt		
House #	49	Street Address	5005 Zuck Rd		DATE DEBT INCURRED [MM/DD/YYYY]	\$	330.00	
City	Eric		State	Pa	Zip Code			16806
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								