

# Commonwealth of Pennsylvania - Campaign Finance Report

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

John Morgan	
1604 Biebel Avenue	
Erie	PA 16509

Type of Report (Place x under report type)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Report	Amendment Report	Termination Report					

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2018	12/31/2018	
A. Campaign brought forward from last report	\$	0	2019 JAN 31 PM 1:10 ERIE COUNTY VOTER REGISTRATION TR
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	0	
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 1- 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

31st day of January 2019

Tonia Wilt  
Signature

John E. Morgan  
Signature of Person submitting report  
John E. Morgan  
Printed Name

COMMONWEALTH OF PENNSYLVANIA  
My Commission expires 4-3-19  
Tonia Wilt, Notary Public  
City of Erie, Erie County

814 Area Code  
864-5732 Daytime Telephone Number

Part 2- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

MEMBER 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

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_ Area Code  
\_\_\_\_\_ Daytime Telephone Number