

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number 2005294	Report Filed By Candi (Mark X)	date	ommittee X	Lobbyist.		
Name of Filing Committee, Candidate or Lobbyist	Com to E	Tect Jos	eph E Sinno	#		
Street Address	4508 Woo	. ^.	7			
eity ERIC	State		lp Code 1650 9			
Type of Report (Place x under report type)						
1-6 th Tuesday 2-2 nd Friday 3-30 Day-Po Pre-Primary Pre-Primary Primary	st 4-6 th Tuesday 5-2 nd Frida Pre-Election Pre-Electio		Annual Special 2 rd Friday Pre-Election	Special 30 Day Post-Election		
			Y			
Date Of Election	Year	Amendment	Termination			
(MM/DD/MMY) 11/6/18	2018	Report	Report			
Summary of Receipts and From Date Expenditures	To Date		For Office Use Only			
A. Amount Brought Forward From Last Rep	S S		-			
B. Total Monetary Contributions and Receip	26293.35 s			Regional Processing Control of		
(From Schedule I) C. Total Funds Available	\$ 2 (- 04	· .	68	(2)		
(Sum of Lines A and B) D. Total Expenditures	<u> </u>		Control of the contro	Consists Control Control Control		
(From Schedule III) E. Ending Cash Balance	190.00	4	Figure 1	© 7c \		
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	26104.39			or "		
(From Schedule II)						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0		·			
Part 1- If this is a Committee report, treasurer sign	Affidavit : here. If this is a Candidate report.					
I swear (or affirm) that this report, including the a	tached schedules on paper, is to th	e best of my knowledge a	and belief true, correct and comple	ete.		
Sworn to and subscribed before me this MMQI		VANIA () Li	Stomalton			
//	MOTARIAL SEAL MMERMAN BURZON, NOTARY	Signature of P	erson Submitting report			
/Signature C	lý of∖Erie. Erie Countv	P	rinted Name			
	nission Expires Nov. 20 R.	Area Code	Daytime Telephone Number	er		
Part II- If this is a report of a Candidate's Authorize	ed Committee, candidate shali sign	here.				
I swear (or affirm) that to the best of my knowledge amended.	e and belief this political committe	e has not violated any pro	ovisions of the Act of June 3, 1937	(P.L. 1333, NO.320) as		
Sworn to and subscribed before me this		. 1				
17 day of January 20 19						
Signature of Candidate JOSIAN E. JANUTI Printed Name						
Committed Wealth of Pennsylva Shellie Delle Curti, Nota My Commission expires Erie County	nia-Notary, Seal ry Public	814	874-3460 v	n 107		
My Commission Expires Feb Commission No. 11	ruary 25, 2022	Area Code	Daytime Telephone Number	r /		
)U014					

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number 200529	4 Com to Elect Joseph E Sinnot	

1.Unitemized Contributions and Receipts-\$50.00 or Le	ss per Contributor	are a sulver and sure	
Total	for the reporting period	(1)	\$ 0
2. Contributions of \$50:01 to \$250:00 (From Part A and Part B)	t garage	412.16	
Contributions Received from Political Committees (Part	A)		\$ 0
All Other Contributions (Part B)			\$ 0
Total	for the reporting period	(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part [))		
Contributions Received from Political Committees (Part	C)		\$ O
All Other Contributions (Part D)		•	\$ 0
Total f	or the reporting period	(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned	Checks, ETC. (From Part E) (1) (2)	1.04
, Total f	or the reporting period	(4)	\$ 1.04
Total Monetary Contributions and Receipts during this enter amount totals from Boxes 1, 2, 3 and 4; also enter Cover Page, Item B)			\$ 1.04

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 (dentification Number:	2005294	f Com	to Elect	Joseph E Sinn	off
apuliName			7) 1		
	First N		Bank Shore Cent	Lea	· · · · · · · · · · · · · · · · · · ·
Gity		State OA	Zip	Date MM/DD/YYYY] S	
	Pittsburgh	P/+	は コントーマ	Dec Monthly Int	1.04
Receipt Description	Interest	on B	ank Acet	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Fuji:Name	EDGWESS - NOASSPEAK				
House # Stree Gity	et Address	State /	24 p	Date (MM/DD/YYYY) 5	· .
		1416	Code	Pate (Mill/002/10-1)	,*-
Receipt Description	A CONTRACT OF THE PROPERTY OF	· ·			
FullName	· .				·
House # Street	et Address				
City		State	Zip Code	Date [MM/DD/XYYY] \$	
Receipts Description 3.5					
Full Name - 12		•			
	et/Address	-			<u> </u>
Giý		State	Z/p	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
	and or section of the		Code		
Receipt Description					
Füll Näme					
	A Address				
Clty	N.		Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description					
Füll Name					
House # Stree	t Address				
City		State	Zip	Date [MM/DD/YYYY] \$	· ·
Receipt Description	1		Code		
			•		

Statement of Expenditures

Flier Identification Number 2005294 Com to Elect Joseph E Sinnott

To Whom Paid	Do Co L	102	1.0	E. J	J.:	Date (MM/DD/YYYY)	190.00
House #	DR Gertr Street Address	VOC DA	YDER	jovna	<i>[[0]</i>	/2/3//8 Description of Expendit	ure 170
0 160		State State	er Pla	acl Zip		<u> </u>	, ,
E F	216	Julie	PA	Code	16507	Event T	
To Whom Paid						Date (MM/DD/MY)	
House #	Street Address					Description of Expendit	ure
Civ	·	State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY)	\$
House #	Street Address					Description of Expendit	ure
City		State		Zip Code			
TeiWnom Pald						Date:[MM/DD/XXW]	
House #	Street-Address					Description of Expendit	ure , av
City		Staté		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$= ***
House #	Street Address		·			Description of Expendit	ure -
(City)		State	•	Zip Code			
To Whom Paid			· -	-		Date [MM/DD/YYYY]	
(House #	Street Address					Description of Expenditu	ire
(city		State		Zip Code	<u>-</u>		
io Whom Paid						Spate (MIV/DD/AAAA)	
House #	Street Address					Description of Expenditu	(re
(Gity)		State		Zip Code			
To Whom Paid						Date (MM/DD/MAY)	\$
House #	Street Address					Description of Expenditu	ire
City	The second secon	State		Zip Code			