

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	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Committee To Elect Carl Anderson			
Street Address	3830 PARADE BLVD			
City	State	Zip Code		
LAKE	PA	16504		

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report			
			<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/1/2019	12/31/2019	
A. Amount Brought Forward From Last Report	\$	104.00	2020 JAN 31 PM 2:15 VOTER REGISTRATION 90
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,000.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2,104.00	
D. Total Expenditures (From Schedule III)	\$	2,000.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	104.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1500.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	5,000.00	

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

day of 20

Signature

Signature of Person Submitting report

Printed Name

My Commission expires

MO. DAY YR.

Area Code

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

31st day of January 20 20

Signature

My Commission expires

07 31 2023
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

824-5651
Daytime Telephone Number

Member, Pennsylvania Association of Notaries
 My commission expires July 31, 2023
 Commission number 1292344
 Erie County
 Commonwealth of Pennsylvania - Notary Seal
 Nicole Inan, Notary Public

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	\$2,000.00
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
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>		\$	\$2,000.00

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		ROGER W RICHARDS			Date [MM/DD/YYYY]	\$	2,000.00
House #	230	Street Address	WEST 6 ST		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16507	Date [MM/DD/YYYY]	\$
Employer Name		RICHARDS ASSOCIATES			Occupation	LAWYER	
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							

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)		\$	1,500.00
---	--	----	----------

SCHEDULE II
Part G

In-Kind Contributions Received

VALUE OVER \$250

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

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Thomas B Hagen					1500.00		10/29/2019
House #	Street Address			Date [MM/DD/YYYY]		\$	
5724	Crabb Road						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Erbe	PA	16506					
Employer Name					Occupation		
SE/S					Retired Executive		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
					TRAVEL TO STATE BOARD		
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		Committee of Elect Mary Kenna			Date [MM/DD/YYYY]	\$	1000.00
House #	Street Address	21101 Street			Description of Expenditure		
City	State	PA	Zip Code	16504	Event Sponsorship		
To Whom Paid		Committee of Elect Kim Clark			Date [MM/DD/YYYY]	\$	1000.00
House #	Street Address	Aoburny Road			Description of Expenditure		
City	State	PA	Zip Code	16504	Event Sponsorship		
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				
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: _____

Name of Creditor		CARL J ANDERSON			Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	5,000.00	
3830	PARADE BLVD	2017				
City	State	Zip Code				
ERIE	PA	16504				
Description of Debt						
loan to Campaign						

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						