

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 type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of John Morgan							
Street Address		1604 Biebel Avenue							
City	Erie	State	PA	Zip Code	16509				

Type of Report (Place x under report type)

1- 6 th 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		
		2019		<input type="checkbox"/>		<input type="checkbox"/>		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2019	12/31/2019	
A. Amount Brought Forward From Last Report	\$	2464.50	<div style="border: 1px solid black; padding: 5px; transform: rotate(90deg); display: inline-block;"> RECEIVED 2020 JAN 31 AM 11:10 8 </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2.65	
C. Total Funds Available (Sum of Lines A and B)	\$	2467.15	
D. Total Expenditures (From Schedule III)	\$	120	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2347.15	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Notary Seal
 Notary Public
 Nicole Inan, Notary Public
 Erie County
 My commission expires July 31, 2023
 Commission number 1292344

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

Sworn to and subscribed before me this
31st day of January 2020
Nina Jam
 Signature

Rhonda B. Becklin
 Signature of Person Submitting report
 Rhonda B. Becklin
 Printed Name
 814 218-7429
 Area Code Daytime Telephone Number

My Commission expires 07 31 2023
 MO. DAY YR.

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 2020
Nina Jam
 Signature

John E. Morgan
 Signature of Candidate
 John E. Morgan
 Printed Name
 814 864-5732
 Area Code Daytime Telephone Number

My Commission expires 07 31 2023
 MO. DAY YR.

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Friends of John Morgan 2019 Annual Report	
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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 D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 2.65
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>		\$ 2.65

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:	Friends of John Morgan 2019 Annual Report
-------------------------------------	---

Full Name	Erie Federal Credit Union						
House #		Street Address					
City	Erie	State	PA	Zip Code		Date [MM/DD/YYYY]	\$ 2.65
Receipt Description	Interest						

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 III
Statement of Expenditures

Filer Identification Number:	Friends of John Morgan 2019 Annual Report
-------------------------------------	---

To Whom Paid		Erie County Democratic Party			Date [MM/DD/YYYY]	\$	
					6/24/2019		20.00
House #	1305	Street Address	State Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	Event Ticket	
To Whom Paid		Millcreek Democratic Committee			Date [MM/DD/YYYY]	\$	
					8/21/2019		100.00
House #	1305	Street Address	State Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	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			