

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"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Millcreek Democratic Committee						
Street Address		1526 High St.						
City	ERIE	State	PA	Zip Code	16509			

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		
		2020						

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01-01-2020	12-31-2020	
A. Amount Brought Forward From Last Report	\$	3,327.16	2021 JAN 21 PM 2:28 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	575.70	
C. Total Funds Available (Sum of Lines A and B)	\$	3,902.86	
D. Total Expenditures (From Schedule III)	\$	570.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3,332.86	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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

18 day of JANUARY 20 21

Nancy J. Kowalski

Signature

Alice E. Niebauer

Signature of Person Submitting report

Alice E. Niebauer

Printed Name

My Commission expires 6 16 2023

MO. DAY YR.

COMMISSION # 1088734

814

Area Code

392-5176

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

_____ day of _____ 20

Signature

Signature of Candidate

Printed Name

My Commission expires _____

MO. DAY YR.

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	millcreek Democratic Committee		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	10.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	100.00
All Other Contributions (Part B)		\$	70.70
Total for the reporting period	(2)	\$	170.70
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)	\$	395.00
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>		\$	575.70

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.

Filer Identification Number	Millcreek Democratic Committee
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							Amount
Full Name of Contributing Committee Friends of Bob Merski						Date [MM/DD/YYYY] 2-17-2020	\$ 100.00
House #	Street Address P.O. Box 667					Date [MM/DD/YYYY]	\$ 0
City Erie	State PA	Zip Code 16512				Date [MM/DD/YYYY]	\$ 0
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 B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	Millcreek Democratic Committee
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Hoss's Restaurant Operations Inc					03-13-2020		\$	70.70
House #	Street Address			Date [MM/DD/YYYY]		\$		
170	Patchway Rd.					\$	0	
City	State	Zip Code		Date [MM/DD/YYYY]		\$		
Duncansville	PA	16635				\$	0	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
							\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
						\$		
City	State	Zip Code		Date [MM/DD/YYYY]		\$		
						\$		
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
							\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
						\$		
City	State	Zip Code		Date [MM/DD/YYYY]		\$		
						\$		
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
							\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
						\$		
City	State	Zip Code		Date [MM/DD/YYYY]		\$		
						\$		
Full Name of Contributor					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:	Millcreek Democratic Committee
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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]	\$	0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	0

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:	Millcreek Democratic Committee
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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]		\$	0
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]		\$	0
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]		\$	0
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]		\$	0
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:	Millcreek Democratic Committee
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Full Name	Millcreek Township Supervisors								
House #	3608	Street Address	W. 26 th St.						
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	06/23/2020	\$	395.00
Receipt Description	Refund for Picnic Cancellation								

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

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:	Millcreek Democratic Committee
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	
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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)		\$	0
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Millcreek Democratic Committee
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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]		\$	0

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]		\$	0

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	0

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	0

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	0

Description of Contribution							
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SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number: Millcreek Democratic Committee

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]	\$	0
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]	\$	0
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]	\$	0
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]	\$	0
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number: Millcreek Democratic Committee

To Whom Paid		<u>Erie County Democratic Party</u>			Date [MM/DD/YYYY]	\$	<u>100.00</u>
House #	Street Address				Description of Expenditure		
<u>1305</u>	<u>State St.</u>						
City	State	Zip Code			Description of Expenditure		
<u>ERIE</u>	<u>PA</u>	<u>16501</u>			<u>Petition Signing Event</u>		

To Whom Paid		<u>Millcreek Twp. Supervisors</u>			Date [MM/DD/YYYY]	\$	<u>370.00</u>
House #	Street Address				Description of Expenditure		
<u>3608</u>	<u>W. 26th St.</u>						
City	State	Zip Code			Description of Expenditure		
<u>ERIE</u>	<u>PA</u>	<u>16506</u>			<u>Picnic Pavilion Rental</u>		

To Whom Paid		<u>Millcreek Twp. Supervisors</u>			Date [MM/DD/YYYY]	\$	<u>25.00</u>
House #	Street Address				Description of Expenditure		
<u>3608</u>	<u>W. 26th St.</u>						
City	State	Zip Code			Description of Expenditure		
<u>Erie</u>	<u>PA</u>	<u>16506</u>			<u>Refund overpayment ret.</u>		

To Whom Paid		<u>Erie Co. Democratic Party</u>			Date [MM/DD/YYYY]	\$	<u>75.00</u>
House #	Street Address				Description of Expenditure		
<u>1305</u>	<u>State St.</u>						
City	State	Zip Code			Description of Expenditure		
<u>Erie</u>	<u>PA</u>	<u>16501</u>			<u>Postage Costs</u>		

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code			Description of Expenditure		

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code			Description of Expenditure		

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code			Description of Expenditure		

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code			Description of Expenditure		

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:	Millcreek Democratic Committee
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Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0
City		State	Zip Code			
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0
City		State	Zip Code			
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0
City		State	Zip Code			
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0
City		State	Zip Code			
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0
City		State	Zip Code			
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0
City		State	Zip Code			
Description of Debt						