Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:

Report Filed By: CANDIDATE 1. | COMMITTEE 2. X | LOBBYIST 3.

Name of Filing Committee, Candidate or Lobbyist: Friends of Mary Jo Campbell

Street Address: 5432 Linden Ave

City: Edinboro | State: PA | Zip Code: 16412-

TYPE OF REPORT (place X to the right of report type)

6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES		NO
6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5. X	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES		NO
ANNUAL REPORT	7.	YEAR		FILING METHOD (✓) CHECK ONE		PAPER		DISKETTE	

Name of Office Sought by Candidate: Erie County Council

DATE OF ELECTION MO.	DAY	YEAR	District Number	Office Code	Party Code	County Code
11	07	2017				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: MO. 6 DAY 15 YEAR 2017 To MO. 10 DAY 27 YEAR 2017

A. Amount Brought Forward From Last Report	$ 207.56
B. Total Monetary Contributions and Receipts (From Schedule I)	$ 5090.00
C. Total Funds Available (Sum of Lines A and B)	$ 5297.56
D. Total Expenditures (From Schedule III)	$ 2523.86
E. Ending Cash Balance (Subtract Line D from Line C)	$ 2773.70
F. Value of In-Kind Contributions Received (From Schedule II)	$ -
G. Unpaid Debts and Obligations (From Schedule IV)	$ -

FOR OFFICE USE ONLY

2017 OCT 25 PM 2:54
ERIE COUNTY
VOTER REGISTRATION

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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 24 day of October 2017

Signature of Person Submitting Report

Linda S. McCabe (Signature)

Commonwealth of Pennsylvania - Notary Seal
LINDA S. McCABE, Notary Public
Erie County
My Commission Expires April 24, 2021
Commission Number 1275541

Printed Name: D. RAFLE

My commission expires MO. April DAY 24 YR. 2021

Area Code 490 | Daytime Telephone Number 7212

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 24 day of October 2017

Signature of Candidate

Linda S. McCabe (Signature)

Printed Name: Mary Jo Campbell

My commission expires MO. April DAY 24 YR. 2021

Area Code 881 | Daytime Telephone Number -0962

Commonwealth of Pennsylvania - Notary Seal
LINDA S. McCABE, Notary Public
Erie County
My Commission Expires April 24, 2021
Commission Number 1275541

DSEB-502 (7-99)

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Mary Jo Campbell	From _____ To _____

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	$ -

2. CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	$ 1165.60
All Other Contributions (Part B)	$ 3925.00
TOTAL for the Reporting Period (2)	$ 5090.00

3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	$
All Other Contributions (Part D)	$
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 *(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)*	$ 5090.00

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.

Name of Filing Committee or Candidate: FRIENDS OF MARY JO CAMPBELL

Reporting Period: From 6/15 To 10/27

Full Name of Contributing Committee	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO.	DAY	YEAR	AMOUNT
ERIE FIREFIGHTERS PAC	PO BOX 3576	ERIE	PA	16508-057	9	24	17	$ 250.00
FRIENDS OF KYLE FOUST	3823 STATION RD	ERIE	PA	16510-	9	24	17	$ 100
KENNETH CAMBLE CLERK OF RECORDS COMMITTEE	947 W. 32ND	ERIE	PA	16508-	9	24	2017	$ 15.00
FRIENDS OF PAT HAWKINS	2665 SCHLEY AVE	ERIE	PA	16508-	9	24	2017	$ 100.00
FRIENDS OF BRIAN McGRATH COMMITTEE	?			-	9	24	2017	$ 100.00
COMMITTEE TO ELECT ERIC ANDERSON	3830 PARADE BLVD	ERIE	PA	16504-	9	27	2017	$ 50.00
FRIENDS OF JOHN MORGAN	1604 BIEBEL AVE	ERIE	PA	16509-	9	27	2017	$ 100.00
COMMITTEE TO ELECT JOE PECK	2730 SUMMERVILLE RD	ERIE	PA	16510-	9	27	2017	$ 50.00

PAGE TOTAL $ 715.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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.

Name of Filing Committee or Candidate: Friends of Mary Jo Campbell

Reporting Period: From 6/15 To 10/27/17

Full Name of Contributing Committee	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO.	DAY	YEAR	AMOUNT
Chairman Bill Cole	302 East 18th St	Erie	PA	16503	9	27	2017	$ 50.00
Committee to Elect Ryan Bizzarro	6350 Meadowrue Lane	Erie	PA	16505				$ 250.00
Committee to Elect John T Loomis	5706 Jones Lane	Erie	PA	16505				$ 50.00
Erie AFL-CIO COPE Fund	1701 State St	Erie	PA	16501 -				$ 100.00
								$
								$
								$
								$
								$
								$

PAGE TOTAL $ 450.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART B

ALL OTHER CONTRIBUTIONS

$50.01 TO $250.00

Use this Part to itemize all other contributions with an aggregate value from $50.01 to $250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate: Friends of Mary Jo Campbell

Reporting Period: From 6/25 To 10/27/17

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	Date (MO. DAY YEAR)	Amount
Mary Ann McTiernan	235 Gilesey Rd	Ligonier	PA	15670	7 15 17	$ 100
Christine McTiernan	920 Pittsburgh St	N. Versailles	PA	15137-1250	7 15 17	$ 100.
Francine McTiernan	881 Hauger Rd	Rockwood	PA	15557-5737	7 15 17	$ 100
Thomas G. + Jonette Myers	18 Maplecrest Dr	Zelienople	PA	16063	7 14 17	$ 200
Roberta Crawford	1023 Andmore Manor Drive	Pittsburgh	PA	15221	7 15 17	$ 200
Terri + Richard Mikolajczyk	501 Forest Ridge Dr	Pittsburgh	PA	15221 -	7 15 17	$ 100
Lorraine Holliday	1199 Larimer Ave	North Versailles	PA	15137-	7 15 17	$ 100
Marc + Carol Bryant Frieda Hymiak	2328 Brooksboro Dr	ERIE	PA	16510 -	7 15 17	$ 250

PAGE TOTAL $ 1150

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART B

ALL OTHER CONTRIBUTIONS

$50.01 TO $250.00

Use this Part to itemize all other contributions with an aggregate value from $50.01 to $250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate: Friends of Mary Jo Campbell

Reporting Period: From 6/15 To 10/29/17

Full Name of Contributor / Mailing Address / City, State, Zip Code (Plus 4)	DATE (MO. DAY YEAR)	AMOUNT
Suzanne McGonigle / Ursula Claycomb 705 Christmas Lane 597 Falls Village Rd Ligonier PA 15658 Imperial PA 15126-9305	7 15 17	$ 200
Robert & Irene McTiernan 4003 Provost Rd Pittsburgh PA 15227-1121	7 15 17	$ 250
John & Candace McTiernan 386 California Ave Oakmont PA 15139	7 15 17	$ 250
Debra Rodibaugh 220 Falls Village Road Pittsburgh PA 15239	7 15 17	$ 100
Francis & Gail McTiernan 2521 Heartwood Dr Upper St Clair PA 15241-	7 15 17	$ 100
Marianne Malroy 721 Edgewood Ave Pittsburgh PA 15215-1319	7 15 17	$ 50
Ralph & Berry Marting 309 Frazier Dr Pittsburgh PA 15235	7 15 17	$ 100
Brian & Deborah McTiernan 605 Centennial Ave Sewickley PA 15143-1722	7 15 17	$ 150

PAGE TOTAL $ 1200

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART B
ALL OTHER CONTRIBUTIONS

$50.01 TO $250.00

Use this Part to itemize all other contributions with an aggregate value from $50.01 to $250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate: FRIENDS OF MARY JO CAMPBELL

Reporting Period: From 6/25 To 10/21 17

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO.	DAY	YEAR	AMOUNT
KEVIN McCAUSE	815 BANCROFT AVE	ERIE	PA	16509 -	9	21	17	$ 15.00
ROBERT RHODES	13050 FOX HOLLOW	EDINBORO	PA	16412 -	9	21	17	$ 100.00
WILLIAM HALEY	12271 RIDGE AVE	EDINBORO	PA	16412 -	9	21	17	$ 100.00
DAVE BELOSH	105 SUNSET DR.	EDINBORO	PA	16412 -	9	21	17	$ 100.00
DENNIS KUFFIC	201 ERIE ST.	EDINBORO	PA	16412 -	9	21	17	$ 100.00
KAREN MULHOLLAND	5221 GIBSON HILL RD	EDINBORO	PA	16412 -	9	21	17	$ 100.00
JOHN MARSHALL	101 CASEY AVE	EDINBORO	PA	16412 -	9	21	17	$ 20.00
JULIA FEDDEMS	12291 LAKEVIEW DR	EDINBORO	PA	16412 -	9	21	17	$ 20.00

PAGE TOTAL $ 555.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART B

ALL OTHER CONTRIBUTIONS

$50.01 TO $250.00

Use this Part to itemize all other contributions with an aggregate value from $50.01 to $250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate: Friends of Mary Jo Campbell

Reporting Period: From 6/15 To 10/27

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO.	DAY	YEAR	AMOUNT
Michael Rion	414 Biddle Ave	Wilkinsburg	PA	15221	8	17	17	$ 100
Michelle Osier	120 Cricket hollow Cir	Lexington	SC	29073	9	9	17	$ 100
Marilyn Strait	180 W State ST	Albion	PA	16401	9	26	17	$ 15
BETTY YOUNG	219 SHELLMOR CIRCLE	EDINBORO	PA	16412 -	9	21	17	$ 50
SUSAN WOODLAND	103 PERRY LANE	EDINBORO	PA	16412 -	9	21	17	$ 50.00
BRIAN PITZER	12329 CUCBONTSON DR.	EDINBORO	PA	16412 -	9	21	17	$ 30.00
SHELDON REXRODE	PO BOX 456	EDINBORO	PA	16412 -	9	21	17	$ 50.00
JULIE CIAACONA	402 SHONLEY DR.	ERIE	PA	16505 -	9	21	17	$ 50.00

PAGE TOTAL $ 445.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART B

ALL OTHER CONTRIBUTIONS

$50.01 TO $250.00

Use this Part to itemize all other contributions with an aggregate value from $50.01 to $250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate: Friends of Mary Jo Campbell

Reporting Period From 6/15 To 10/27

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO.	DAY	YEAR	AMOUNT
Carl & Linda Wozniak	11951 Angling Rd	Edinboro	PA	16412	10	4	17	$ 75.00
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$

PAGE TOTAL $ 75.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART D
ALL OTHER CONTRIBUTIONS

OVER $250.00

Use this Part to itemize all other contributions with an aggregate value of over $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate: Friends of Mary Jo Campbell

Reporting Period From 6/15 To 10/27

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	Occupation	Employer Name	Employer Mailing Address/Principal Place of Business	DATE (MO. DAY YEAR)	AMOUNT
James H. McTiernan	2004 Deacon Dr. Unit 4	Latrobe	PA	15650					$ 500
									$
									$
									$
									$
									$
									$
									$
									$
									$
									$

PAGE TOTAL $ 500

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PART E
OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		–				$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		–				$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		–				$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		–				$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		–				$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		–				$

Receipt Description

PAGE TOTAL $

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

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.)*	$

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF $50.01 TO $250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

Full Name of Contributor			DATE MO.	DAY	YEAR	AMOUNT $
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Description of Contribution:						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Description of Contribution:						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Description of Contribution:						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Description of Contribution:						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Description of Contribution:						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Description of Contribution:						

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
$

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER $250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

Full Name of Contributor			DATE MO.	DAY	YEAR	AMOUNT $
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Employer of Contributor			Occupation			
Employer Mailing Address/Principal Place of Business			Description of Contribution			
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Employer of Contributor			Occupation			
Employer Mailing Address/Principal Place of Business			Description of Contribution			
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Employer of Contributor			Occupation			
Employer Mailing Address/Principal Place of Business			Description of Contribution			
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Employer of Contributor			Occupation			
Employer Mailing Address/Principal Place of Business			Description of Contribution			
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Employer of Contributor			Occupation			
Employer Mailing Address/Principal Place of Business			Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
$

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate: Friends of Mary Jo Campbell

Reporting Period: From 10/15 To 10/27

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	Date (MO/DAY/YEAR)	Amount	Description of Expenditure
Sample News Group	28 W. South St	Corry	PA	16407	9/20/17	$ 56.00	Advertising
Sample News Group	28 W. South St	Corry	PA	16407	9/27/17	$ 522.00	
Harry Raffle	107 Hickory ST	Edinboro	PA	16412	10/03/17	$ 259.50	Campaign T-Shirts
Staples	1902 Keyston Drive	Erie	PA	16509	9/12/17	$ 93.27	Postcards
Staples				–	9/22/17	$ 93.27	Post Cards
Staples				–	9/27/17	$ 193.10	Post Cards + Stamp
Joshua Karickhoff				–		$ 200	Band for Fundraiser
Edinboro Hotel				–		$ 530	Food for Fundraiser

PAGE TOTAL $1939.14

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Mary Jo Campbell	From _____ To _____

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
United States Post Office				–	10	4	17	$ 164.72	Mailing
Erie County Democratic Party	PO Box 1184	Erie	PA	16512	10	14	17	$ 345.00	Beef & Ballots Dinner
DeSantis Signs	540 W. 18th St.	Erie	PA	16502	10	13	17	$ 75.00	
				–				$	
				–				$	
				–				$	
				–				$	
				–				$	
				–				$	

PAGE TOTAL $ 584.72

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Secton to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate: Friends of Mary Jo Campbell

Reporting Period: From _____ To _____

Name of Creditor	Mailing Address	City	State	Zip Code (Plus 4)	Date Debt Incurred (MO. DAY YEAR)	Description of Debt	Outstanding Balance of Debt
Sample News Group	28 W. South St	Corry	PA	16407	9 20 17	Advertising	$ 56.00
Sample News Group	28 W. South St	Corry	PA	16407	9 27 17	Advertising	$ 522.00
Harry Ralle	100 Hickory St	Edinboro	PA	16412	10 03 17		$ 251.50
							$
							$
							$
							$

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL $