Campaign Finance Report

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

Filer Identificati Number :	on 2005	294				port ed B		CANDI	COMMITTEE / LOBBYIST								
Name of Filing C	Committee, Candid	ate or L	obbyist:	•	CON	м то	ELEC	T JOSEP	H SIN	TTOV							_
Street Address:	4508 WOOD :	ST															
City:	ERIE							State:	PA			Zip Cod	ie: 16	5509			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	`	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	`	
report type)	ANNUAL REPORT	7.	Year 2018					IG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	te:	•					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count Code	y
	,							МО	DAY	YE	AR	Number	code	<u> </u>		Couc	
								11		6	2018		(SEE IN	STRUCTI	ONS FOR C	ODES)	_
	Receipts and	МО	DAY	YEAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		1 1	20	018	Т	0	3	:	26	2018						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			27,3	305.94						
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule	e I)	\$				3.54						
C. Total Funds Available (Sum Of Lines A and B)							\$			27,3	309.48						
D. Total Expenditures (From Schedule III)							\$			5	00.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			26,8	09.48						
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sch	hedul	le II	I)	\$				0.00	0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1			
				AFF	ID/	AVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	If th	nis is	a Can	ndidate re	eport, o	candi	date sig	jn here.					ı
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	edules	file	d on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	Э,
Sworn to and subs	cribed before me this day of	5	20							S	ignature	of Perso	n Submit	ting Rep	ort		•
	Signatu	re					-		Printed Name							-	
My Commission Ex	cpires						_		Email							١.	
	мо	D	AY	YR					Arc	ea Cod	le	Daytim	e Telepl	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	Comm	nitte	ee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of r	ny knowl	edge and belief	f this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	1333,	
Sworn to and subsc	ribed before me this								-		s	ignature o	of Candid	ate			۱.
	day of		_ 20				_					Printe	d Name				-
	Signature						-										_
My Commission Exp	vires											Ema	il				
	МО	D	AY	YR	,		•		Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary Luge	-			
Name of Filing Committee or Candidate	Reporting	Period		
COM TO ELECT JOSEPH SINNOTT	From:	1/1/201	<u>8</u> To:	3/26/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	3.54
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	3.54

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committe	e or Candidate		Reporting	Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributing (Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	•				

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

PAGE TOTAL
\$ 0.00

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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$ 0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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 Candida	ate			Rep	orting Pe	riod			
				Froi	n:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	i 4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE TOTAL
								•	0.00

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 Candid	date		Report	ting Perio	od			
COM TO ELECT JOSEPH SINNOTT			From:		1/1/201	<u>l8</u> To:	<u>3/2</u>	26/2018
				D	ATE		AMO	UNT
Full Name FIRST NATIONAL BANK				МО	DAY	YEAR		
Mailing Address ONE NORTH SH	IORE CENTER						\$	3.54
City PITTSBURGH	State PA	Zip Code (15212	Plus 4)					
Receipt Description INTEREST	INCOME	•						
Enter Grand Total of Part E on Sci	nedule I, Detailed	l Summary Page,	Section	4.			PAGE	TOTAL
	,	, 33,					\$	3.54

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		
COM TO ELECT JOSEPH SINNOTT	From:	<u>1/1/2018</u> To:	3/26/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
COM TO ELECT JOSEPH SINNOTT	From	1/1/2018	То:	3/26/2018		

				DATE			AMOUNT
To Whom Paid TOM WOLF FOR GOVERNOR			МО	DAY	YEAR		
Mailing Address PO BOX 22454			3	19	2018	\$	500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19110	Description of Expenditure CAMPAIGN CONTR.				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	500.00