

# Campaign Finance Report

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

|  |                          |           |                         |                                    |                      |                         |  |  |                              |                                     |                   |                    |
|--|--------------------------|-----------|-------------------------|------------------------------------|----------------------|-------------------------|--|--|------------------------------|-------------------------------------|-------------------|--------------------|
| <b>Filer Identification Number :</b>   |                          | 20160119  |                         | <b>Report Filed By :</b>           |                      | <b>CANDIDATE</b>        |  | <b>COMMITTEE</b> <input checked="" type="checkbox"/> |                              | <b>LOBBYIST</b>                     |                   |                    |
| <b>Name of Filing Committee, Candidate or Lobbyist:</b> LAUGHLIN, DAN COMMITTEE TO ELECT |                          |           |                         |                                    |                      |                         |  |  |                              |                                     |                   |                    |
| <b>Street Address:</b> 4619 AUTUMNWOOD TRAIL   |                          |           |                         |                                    |                      |                         |  |  |                              |                                     |                   |                    |
| <b>City:</b> ERIE  |                          |           |                         |                                    |                      | <b>State:</b> PA        |  |  | <b>Zip Code:</b> 16506       |                                     |                   |                    |
| <b>TYPE OF REPORT</b><br><br>(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                           | <input checked="" type="checkbox"/> |                   |                    |
|  | 6TH TUESDAY PRE-ELECTION | 4.        | 2ND FRIDAY PRE-ELECTION | 5.                                 | 30 DAY POST-ELECTION | 6. X                    | TERMINATION REPORT?                              | Yes  | No                           | <input checked="" type="checkbox"/> |                   |                    |
|  | ANNUAL REPORT            | 7.        | Year 2018               | <b>FILING METHOD ( ) CHECK ONE</b> |                      |                         | <b>PAPER</b> <input checked="" type="checkbox"/> | <b>DISKETTE</b>                                      |                              |                                     |                   |                    |
| <b>Name of Office Sought by Candidate:</b>   |                          |           |                         |                                    |                      | <b>DATE OF ELECTION</b> |  |  | <b>District Number</b>       | <b>Office Code</b>                  | <b>Party Code</b> | <b>County Code</b> |
| SENATOR IN THE GENERAL ASSEMBLY  |                          |           |                         |                                    |                      | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>  | 49                           | STS                                 | REP               | 25                 |
|  |                          |           |                         |                                    |                      | 11                      | 6  | 2018   | (SEE INSTRUCTIONS FOR CODES) |                                     |                   |                    |
| <b>Summary of Receipts and Expenditures from:</b>  |                          | <b>MO</b> | <b>DAY</b>              | <b>YEAR</b>                        | <b>TO</b>            | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>  | <b>FOR OFFICE USE ONLY</b>   |                                     |                   |                    |
|  |                          | 10        | 23                      | 2018                               |                      | 11                      | 26   | 2018   |                              |                                     |                   |                    |
| <b>A. Amount Brought Forward From Last Report</b>  |                          |           |                         |                                    |                      | \$ 82,196.49            |  |  |                              |                                     |                   |                    |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>                    |                          |           |                         |                                    |                      | \$ 5,500.00             |  |  |                              |                                     |                   |                    |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>                                   |                          |           |                         |                                    |                      | \$ 87,696.49            |  |  |                              |                                     |                   |                    |
| <b>D. Total Expenditures (From Schedule III)</b>   |                          |           |                         |                                    |                      | \$ 2,013.33             |  |  |                              |                                     |                   |                    |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>                              |                          |           |                         |                                    |                      | \$ 85,683.16            |  |  |                              |                                     |                   |                    |
| <b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>                     |                          |           |                         |                                    |                      | \$ 0.00                 |  |  |                              |                                     |                   |                    |
| <b>G. Unpaid Debts And Obligations (From Schedule IV)</b>                                |                          |           |                         |                                    |                      | \$ 0.00                 |  |  |                              |                                     |                   |                    |

## 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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

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

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                       |
| LAUGHLIN, DAN COMMITTEE TO ELECT             | From: <u>10/23/2018</u> To: <u>11/26/2018</u> |

|  |           |
|--|-----------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |           |
| <b>TOTAL for the Reporting Period (1)</b>                                      | \$ 500.00 |

|  |             |
|--|-------------|
| <b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b> |             |
| <b>Contributions Received From Political Committees (Part A)</b>                 | \$ 550.00   |
| <b>All Other Contributions (Part B)</b>  | \$ 450.00   |
| <b>TOTAL for the Reporting Period (2)</b>  | \$ 1,000.00 |

|   |             |
|---|-------------|
| <b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b> |             |
| <b>Contributions Received From Political Committees (Part C)</b>        | \$ 2,500.00 |
| <b>All Other Contributions (Part D)</b>                                 | \$ 1,500.00 |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 4,000.00 |

|  |         |
|--|---------|
| <b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b> |         |
| <b>TOTAL for the Reporting Period (4)</b>  | \$ 0.00 |

|   |             |
|---|-------------|
| <b>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 Page1, Report Cover Page, Item B.)</b> | \$ 5,500.00 |
|---|-------------|

# 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.**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br><br>LAUGHLIN, DAN COMMITTEE TO ELECT | <b>Reporting Period</b><br><br><b>From:</b> <u>10/23/2018</u> <b>To:</b> <u>11/26/2018</u> |
| <b>DATE</b>  |  |
| <b>AMOUNT</b>  |  |

|   |                    |                                   |           |            |             |           |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>GREENLEE PARTNERS STATE PAC |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| <b>Mailing Address</b> PO BOX 291   |                    |                                   | 10        | 29         | 2018        |           |
| <b>City</b> HARRISBURG  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17108 |           |            |             |           |

|   |                    |                                   |           |            |             |           |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>NFG PAPAC (NATIONAL FUEL GAS) |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b> 1100 State St.                                       |                    |                                   | 10        | 29         | 2018        |           |
| <b>City</b> ERIE  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16501 |           |            |             |           |

|  |                    |                                       |           |            |             |           |
|--|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>CREDIT UNION POL COM (CUPAC) |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 200.00 |
| <b>Mailing Address</b> 4309 N FRONT ST                                     |                    |                                       | 10        | 29         | 2018        |           |
| <b>City</b> HARRISBURG   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>171060000 |           |            |             |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 550.00         |

## 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)**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br>LAUGHLIN, DAN COMMITTEE TO ELECT | <b>Reporting Period</b><br><b>From:</b> <u>10/23/2018</u> <b>To:</b> <u>11/26/2018</u> |
|--|--|

| DATE                                |  |          |                         |    | AMOUNT |      |           |
|-------------------------------------|--|----------|-------------------------|----|--------|------|-----------|
| Full Name of Contributor            |  |          |                         | MO | DAY    | YEAR | \$ 250.00 |
| Mark Minichelli                     |  |          |                         | 10 | 29     | 2018 |           |
| Mailing Address 2606 Caughey Rd     |  |          |                         |    |        |      |           |
| City Erie                           |  | State PA | Zip Code (Plus 4) 16506 |    |        |      |           |
| Full Name of Contributor            |  |          |                         | MO | DAY    | YEAR | \$ 100.00 |
| Julia Strzalka                      |  |          |                         | 10 | 29     | 2018 |           |
| Mailing Address 5760 Windchime Lane |  |          |                         |    |        |      |           |
| City Fairview                       |  | State PA | Zip Code (Plus 4) 16415 |    |        |      |           |
| Full Name of Contributor            |  |          |                         | MO | DAY    | YEAR | \$ 100.00 |
| Linda Meade                         |  |          |                         | 10 | 29     | 2018 |           |
| Mailing Address 8540 Neuberger Rd.  |  |          |                         |    |        |      |           |
| City Fairview                       |  | State PA | Zip Code (Plus 4) 16415 |    |        |      |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 450.00         |

**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.**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br><br>LAUGHLIN, DAN COMMITTEE TO ELECT | <b>Reporting Period</b><br><br><b>From:</b> <u>10/23/2018</u> <b>To:</b> <u>11/26/2018</u> |
|--|--|

|  |  |          |                              | DATE |     |      | AMOUNT      |  |
|--|--|----------|------------------------------|------|-----|------|-------------|--|
| Full Name of Contributing Committee          |  |          |                              | MO   | DAY | YEAR | \$ 2,000.00 |  |
| ERIE INSURANCE PAC                           |  |          |                              |      |     |      |             |  |
| Mailing Address 100 ERIE INSURANCE PLAZA     |  |          |                              |      |     |      |             |  |
| City ERIE                                    |  | State PA | Zip Code (Plus 4) 16530-0000 |      |     |      |             |  |
| Full Name of Contributing Committee          |  |          |                              | MO   | DAY | YEAR | \$ 500.00   |  |
| GGR INC PAC (GMEREK GOV RELATIONS)           |  |          |                              |      |     |      |             |  |
| Mailing Address 212 LOCUST STREET, SUITE 300 |  |          |                              |      |     |      |             |  |
| City HARRISBURG                              |  | State PA | Zip Code (Plus 4) 17101      |      |     |      |             |  |

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

| PAGE TOTAL  |
|-------------|
| \$ 2,500.00 |

**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.)**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br><br>LAUGHLIN, DAN COMMITTEE TO ELECT | <b>Reporting Period</b><br><br>From: <u>10/23/2018</u> To: <u>11/26/2018</u> |
|--|--|

|   |                    |                                   |                                | DATE                        | AMOUNT             |                                   |           |
|---|--------------------|-----------------------------------|--------------------------------|-----------------------------|--------------------|-----------------------------------|-----------|
| <b>Full Name of Contributor</b><br>Robert Unger   |                    |                                   |                                | <b>MO</b>                   | <b>DAY</b>         | <b>YEAR</b>                       | \$ 500.00 |
| <b>Mailing Address</b> 4832 Thoroughbred Loop   |                    |                                   |                                | 10                          | 29                 | 2018                              |           |
| <b>City</b> Erie  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16506 |                                |                             |                    |                                   |           |
| <b>Employer Name</b> Berman Bedding, Inc.   |                    |                                   |                                | <b>Occupation</b> Executive |                    |                                   |           |
| <b>Employer Mailing Address/Principal Place of Business</b><br>1114 Sassafra St.            |                    |                                   | <b>City</b><br>Erie            |                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16501 |           |
| <b>Full Name of Contributor</b><br>Mike Geiger  |                    |                                   |                                | <b>MO</b>                   | <b>DAY</b>         | <b>YEAR</b>                       | \$ 500.00 |
| <b>Mailing Address</b> 515 Mohawk Dr  |                    |                                   |                                | 10                          | 29                 | 2018                              |           |
| <b>City</b> Erie  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16505 |                                |                             |                    |                                   |           |
| <b>Employer Name</b> Geiger and Sons  |                    |                                   |                                | <b>Occupation</b> Owner     |                    |                                   |           |
| <b>Employer Mailing Address/Principal Place of Business</b><br>2976 W Lake Rd               |                    |                                   | <b>City</b><br>Erie            |                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16506 |           |
| <b>Full Name of Contributor</b><br>Lewis Ecker Robb   |                    |                                   |                                | <b>MO</b>                   | <b>DAY</b>         | <b>YEAR</b>                       | \$ 500.00 |
| <b>Mailing Address</b> PO Box 311   |                    |                                   |                                | 10                          | 29                 | 2018                              |           |
| <b>City</b> Plymouth Meeting  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19462 |                                |                             |                    |                                   |           |
| <b>Employer Name</b> Lewis, Eckert, Robb & Co Inc   |                    |                                   |                                | <b>Occupation</b> Lawyer    |                    |                                   |           |
| <b>Employer Mailing Address/Principal Place of Business</b><br>1 Plymouth Meeting Mall #425 |                    |                                   | <b>City</b><br>Plymoth Meeting |                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19462 |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 1,500.00       |

## 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<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|                     |       |                   | DATE |     |      | AMOUNT  |
|---------------------|-------|-------------------|------|-----|------|---------|
| Full Name           |       |                   | MO   | DAY | YEAR | \$ 0.00 |
| Mailing Address     |       |                   |      |     |      |         |
| City                | State | Zip Code (Plus 4) |      |     |      |         |
| Receipt Description |       |                   |      |     |      |         |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 0.00           |

## 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**

|  |  |   |         |
|--|--|---|---------|
| <b>Name of Filing Committee or Candidate</b>   |  | <b>Reporting Period</b>                       |         |
| LAUGHLIN, DAN COMMITTEE TO ELECT   |  | From: <u>10/23/2018</u> To: <u>11/26/2018</u> |         |
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>   |  |   |         |
| TOTAL for the Reporting Period   |  | (1)   | \$ 0.00 |
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>  |  |   |         |
| TOTAL for the Reporting Period   |  | (2)   | \$ 0.00 |
| <b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>  |  |   |         |
| TOTAL for the Reporting Period   |  | (3)   | \$ 0.00 |
| 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, Reports Cover Page, Item F.) |  |   | \$ 0.00 |



**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

|                                       |  |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|   |       |                   | DATE |     |      | AMOUNT                           |
|---|-------|-------------------|------|-----|------|----------------------------------|
| Full Name of Contributor  |       |                   | MO   | DAY | YEAR | \$ 0.00                          |
| 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. |       |                   |      |     |      | <b>PAGE TOTAL</b><br><br>\$ 0.00 |

**SCHEDULE II**  
**PART G**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OVER \$250.00**

|                                       |                  |
|---------------------------------------|------------------|
| Name of Filing Committee or Candidate | Reporting Period |
|                                       | From: To:        |

|   |       |                  |       | DATE             |                             | AMOUNT             |         |
|---|-------|------------------|-------|------------------|-----------------------------|--------------------|---------|
| Full Name of Contributor  |       |                  |       | MO               | DAY                         | YEAR               | \$ 0.00 |
| Mailing Address   |       |                  |       |                  |                             |                    |         |
| City  | State | Zip Code(Plus 4) |       |                  |                             |                    |         |
| Employer of Contributor   |       |                  |       | Occupation       |                             |                    |         |
| Employer Mailing Address/Principal Place of Business  |       | City             | State | Zip Code(Plus 4) | Description of Contribution |                    |         |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |       |                  |       |                  |                             | PAGE TOTAL<br>0.00 |         |

# SCHEDULE III STATEMENT OF EXPENDITURES

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                      |
| LAUGHLIN, DAN COMMITTEE TO ELECT             | From <u>10/23/2018</u> To: <u>11/26/2018</u> |

| DATE   |                 |                                |   | AMOUNT            |
|--|-----------------|--------------------------------|---|-------------------|
| To Whom Paid   | MO              | DAY                            | YEAR  |                   |
| Google   |                 |                                |   |                   |
| <b>Mailing Address</b> 1600 Amphitheatre Pkwy                                  | 11              | 6                              | 2018  | \$ 53.33          |
| <b>City</b> Mountain View  | <b>State</b> CA | <b>Zip Code (Plus 4)</b> 94043 | <b>Description of Expenditure</b> google apps                                     |                   |
| To Whom Paid   | MO              | DAY                            | YEAR  |                   |
| Printing Concepts  |                 |                                |   |                   |
| <b>Mailing Address</b> 4982 Pacific Ave  | 11              | 21                             | 2018  | \$ 757.90         |
| <b>City</b> Erie   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 16506 | <b>Description of Expenditure</b> printing, materials, mailing, and services      |                   |
| To Whom Paid   | MO              | DAY                            | YEAR  |                   |
| Taphouse   |                 |                                |   |                   |
| <b>Mailing Address</b> 333 State St #110                                       | 11              | 26                             | 2018  | \$ 240.68         |
| <b>City</b> Erie   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 16507 | <b>Description of Expenditure</b> event food                                      |                   |
| To Whom Paid   | MO              | DAY                            | YEAR  |                   |
| Dan Laughlin   |                 |                                |   |                   |
| <b>Mailing Address</b> 4619 Autumnwood Trl                                     | 11              | 26                             | 2018  | \$ 961.42         |
| <b>City</b> Erie   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 16506 | <b>Description of Expenditure</b> reimburse event balloons cookies hotel and food |                   |
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |                 |                                |   | <b>PAGE TOTAL</b> |
|  |                 |                                |   | \$ 2,013.33       |

