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 2019	9C0148				port ed B		CANI	DID	DATE	√	co	MMITTEE		LOB	BYIST	•			
Name of Filing C	Committee, Candid	late or L	obbyist:		DAV	VID (G. RII	OGE												
Street Address:	Street Address:																			
City:	_							State:					Zip Cod	e: 16	5506-3	3261				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRID PRIMARY	AY PRE	-	2.	30 DA PRIMA		PC	OST-	3.		AMENDME REPORT?	ENT	Yes] [No	\		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID ELECTION		E-	5.	30 DA		PC	OST-	6.		TERMINAT REPORT?	TION	Yes		No	\		
report type)	ANNUAL REPORT	7.	Year 2019	9				IG MET CHECK					PAPER		V	DISI	ETTE			
Name of Office S	Sought by Candida	ite:	-					DATE	OF	ELE	CTIC	ON	District Number	Office Code	Pai	rty Cod	le Cou			
								МО		DAY	Y	EAR	6	CPJ	DEI	М	TCOU			
JUDGE OF THE COURT OF COMMON PLEAS 11 5 2019 (SEE INST											STRUCTI	ONS FO	R CODES	5)						
,	Receipts and	МО	DAY	YEAI	R			МО		DAY	Y	EAR	FOI	OFFI	CE USE	ONL	Y			
Expenditures	from:		1	1 2	2019	T	0		4		1	2019								
A. Amount Bro	ught Forward Fro	m Last R	eport				\$		•	(12,5	00.00)	00)							
B. Total Monet	ary Contributions	And Rec	eipts (Fro	m Sche	edule	e I)	\$					0.00	00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$					0.00								
D. Total Expenditures (From Schedule III) \$ 7,000.00																				
E. Ending Cash Balance (Subtract Line D From Line C) \$ (19,500.00)																				
F. Value Of In-	Kind Contribution	s Receiv	ed (From	Schedu	ıle II	I)	\$					0.00								
G. Unpaid Debt	s And Obligations	(From S	Schedule I	V)			\$					0.00								
				AFF	FIDA	AVI	T SE	CTIO	V											
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	rep	port, c	andi	date sig	ın here.							
I swear (or affirm) correct and complete) that this report, inc ete.	luding the	e attached s	chedule	s file	d on	paper	or by ele	ectro	onic me	edium	ı, are to t	he best of	my knov	wledge	and be	elief , t	rue		
Sworn to and subs	cribed before me thi	s	20						-			Signature	of Person	Submit	ting Re	port		_		
	Signati	ıre					-		-				Print	ed Name	•			_		
My Commission Ex	-								_				Email					_		
	мо	D	AY	YR	l					Are	ea Co	de	Daytime	Teleph	one Nu	mber				
Part II- If this is	a report of a can	didate's	authorize	d Com	mitte	ee, C	andid	ate sha	II s	ign he	ere.									
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and be	lief this	s poli	tical	comm	ittee has	s no	t violat	ted ar	ny provis	ions of the	act of J	une 3,1	937 (F	.L. 133	3,		
Sworn to and subsc	ribed before me this											s	ignature of	Candida	ate			-		
	day of						_						Printed	l Name				-		
My Commission Exp	Signature						-		_				Email					_		
my Commission Exp							-											_		
	МО	D	AY	YF	₹					Area	Code		Da	ytime T	elephoi	ne Nun	ıber			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DAVID G. RIDGE	From:	1/1/201	<u>9</u> To:	4/1/2019
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)	\$	0.00
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 Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	is Part to itemize on vith an aggregate val							
Name of Filing Committ	tee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing	J Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
		-					$\overline{}$	DAGE TOTAL

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

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:					
			l		DATE			AMOUNT	
Full Name of Contributor				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

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 Candidate			Repo	orting Pe	riod			
			Fron	n:		To):	
				D	ATE		A	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	PAGE 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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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

Name of Filing Committee or Candidate	Reporting Period	d	
DAVID G. RIDGE	From:	<u>1/1/2019</u> To :	4/1/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
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

STATEMENT OF EXPENDITURES

Name of Filing Committee o	r Candidate		Reportir	ng Period			
DAVID G. RIDGE			From	1/2	1/2019	То:	4/1/2019
				DATE			AMOUNT
To Whom Paid COMMITTEE TO ELECT DAV	E RIDGE		мо	DAY	YEAR		
Mailing Address 2525 W	2323 W 20111 31				2019	\$	1,000.00
City ERIE State Zip Code (Plus 4) PA 16506				otion of Exp			
To Whom Paid COMMITTEE TO ELECT DAVE RIDGE			МО	DAY	YEAR		
Mailing Address 2525 W	26TH ST		1	4	2019	\$	1,000.00
City ERIE	State PA	Zip Code (Plus 4) 16506	1	otion of Exp			
To Whom Paid COMMITTEE TO ELECT DAV	E RIDGE		мо	DAY	YEAR		
Mailing Address 2525 W 26TH ST			3	14	2019	\$	5,000.00
City ERIE	State PA	Zip Code (Plus 4) 16509		otion of Exp			
	'	•					PAGE TOTAL

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

7,000.00