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 2	019C0	0172				Repoi Filed		CA	NDI	DATE	\	C	OMMITTI	MMITTEE LOBBYIST				
Name of Filing C	ommittee, Can	ıdidat	e or Lo	bbyis	t:	C	CONNE	LLY,	ERIN	COLI	LEEN								
Street Address:																			
City:	_								Stat	e:				Zip Co	de: 16	5506			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND F PRIMA	RIDAY ARY	PRE-	2.	30 D PRIM	AY P		OST-			AMENDMENT REPORT?		Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4	•	2ND F ELECT		PRE-	5.	30 D ELEC	AY TION	Р	OST-	6. ː	Х	TERMIN. REPORT		Yes		No	\
report type)	ANNUAL REPO	PORT 7. Year 2019 FILING METHOD () CHECK ONE							PAPER	PAPER			KETTE						
Name of Office S	ought by Cand	lidate	:				•		DAT	ΓΕ Ο	F ELE	СТІ	ON	District Number	Office Code	Pai	rty Co	de Cou Cod	
JUDGE OF THE	COURT OF CO)MMO	N PI F	45					МО		DAY	ľ	YEAR	6	CPJ	DEI	М	25	
										11		5	2019		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of Expenditures		j	МО	DA		YEAR			МО		DAY		YEAR	FC	OR OFFI	CE USE	ONL	Y	
			1	.0	22	20	19	ГО		11		25	2019	<u>'</u>					
A. Amount Bro				-				\$				(7,	,338.72)	-					
B. Total Moneta	ary Contributio	ns An	id Rece	eipts (From	Sched	ule I)	\$	5				0.00	-					
C. Total Funds Available (Sum Of Lines A and B) \$ (7,338.72)																			
D. Total Expenditures (From Schedule III)								\$	5			16	,304.99	1					
E. Ending Cash	Balance (Subt	ract L	ine D I	From I	Line C	:)			5		(23,	643.71)	4					
F. Value Of In-							e II)	9	5				0.00	-					
G. Unpaid Debt	s And Obligation	ons (F	From S	chedu	le IV))		\$	5				0.00						
						AFFI	DAV:	IT SE	CTI	ON									
PART I - If this is	a Committee	repor	t, treas	surer	sign h	ere. If	this i	s a Ca	ndida	te re	port, c	cano	didate si	gn here.					
I swear (or affirm) correct and comple		includ	ling the	attach	ed sch	edules	filed or	paper	or by	electi	ronic m	ediu	ım, are to	the best o	of my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me day of	this		20									Signatur	e of Perso	n Submit	ting Re	port		_
	Sign	nature		-				_						Prin	ted Name	9			_
My Commission Ex	cpires							_		•				Ema	il				
	МО		DA	Υ		YR					Are	ea C	ode	Daytin	ne Telepi	one Nu	mber		
Part II- If this is	a report of a	candid	late's a	author	rized (Commi	ittee, (Candio	late s	hall	sign he	ere.							
I swear (or affirm) No 320) as amende		of my	knowle	dge an	d belie	f this p	oolitica	comn	nittee	has n	ot viola	ted	any provi	sions of th	e act of J	une 3,1	937 (1	P.L. 133	33,
Sworn to and subsc	ribed before me	this		20										Signature	of Candid	ate			_
	<u> </u>							_						Printe	ed Name				-
	Signati	ure						_							••				_
My Commission Exp	ires													Ema	ııı				
	мо		DA	λY		YR		_			Area	Cod	е	D	aytime T	elephoi	ne Nur	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CONNELLY, ERIN COLLEEN	From:	10/22/20:	<u>19</u> To:	11/25/2019
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
			1	
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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re					
		From: To						
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE 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 Fining Committee of Canadate					Reporting Period From: To:				
					DATE		Al	MOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	١						

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 Candi	date		Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 C	andidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		-						
Enter Grand Total of Part E o	n Schedule I. Detailed	l Summary Page	Section	4			P.	AGE TOTAL
Enter Grand Fotol of Fart E	Jenedale I, Detance	. Janimary rage,	Section				\$	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 Peri	od	
CONNELLY, ERIN COLLEEN	From:	<u>10/22/2019</u> To:	11/25/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	1	
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting	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	ation		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reportir	ng Period			
CONNELLY, ERIN COLLEEN			From	10/22	2/2019	То:	11/25/2019
				DATE			AMOUNT
To Whom Paid Committee to Elect Erin Conn	nelly		мо	DAY	YEAR		
Mailing Address P.O. Box 8	11	1	2019	\$	5,000.00		
City Erie	1	otion of Exp					
To Whom Paid Committee to Elect Erin Conr	nelly		МО	DAY	YEAR		
Mailing Address P.O. Box 8	8415		11	24	2019	\$	8,767.86
City Erie	State PA	Zip Code (Plus 4) 16505	1 -	otion of Exp			
To Whom Paid McCarty Printing			МО	DAY	YEAR		
Mailing Address 246 E. 7th	ı St		10	28	2019	\$	2,537.13
City Erie	State PA	Zip Code (Plus 4) 16503	1	otion of Exp e for maile		•	
	<u> </u>	I	1				PAGE TOTAL

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

16,304.99