### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on 200                        | 5294        |                        |       |       | port<br>ed B |          | CAN     | ANDIDATE COMMITTEE V LOBBYIST |          |                             |            |                    |                |              |           |                |
|--|-------------------------------|-------------|------------------------|-------|-------|--------------|----------|---------|-------------------------------|----------|-----------------------------|------------|--------------------|----------------|--------------|-----------|----------------|
| Name of Filing C                         | ommittee, Candi               | date or L   | obbyist:               |       | Sinr  | nott,        | Jose     | ph Co   | m t                           | o Elec   | t                           |            |                    |                |              |           |                |
| Street Address:                          | P O BOX 380                   | 15          |                        |       |       |              |          |         |                               |          |                             |            |                    |                |              |           |                |
| City:                                    | ERIE                          |             |                        |       |       |              |          | State   | :                             | PA       |                             |            | Zip Cod            | le: 16         | 5508         |           |                |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY    | 1.          | 2ND FRIDAY<br>PRIMARY  | PRE-  | -     | 2.           | 30 DA    |         | F                             | POST-    | 3.                          |            | AMENDM<br>REPORT?  |                | Yes          | No        | <b>~</b>       |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION   | 4.          | 2ND FRIDAY<br>ELECTION | PRE   | -     | 5. <b>X</b>  | 30 DA    |         | P                             | POST-    | 6. TERMINATION Yes REPORT?  |            |                    |                |              | No        | <b>~</b>       |
| report type)                             | ANNUAL REPORT                 | 7.          | <b>Year</b> 2006       |       |       |              |          | IG ME   |                               |          |                             |            | PAPER              |                | $\checkmark$ | DISKE     | TTE            |
| Name of Office S                         | ought by Candida              | ate:        | •                      |       | -     |              |          | DAT     | ΕO                            | F ELE    | CTIC                        | )N         | District<br>Number | Office<br>Code | Par          | ty Code   | County<br>Code |
|  |                               |             |                        |       |       |              |          | МО      |                               | DAY      | YI                          | EAR        |                    |                |              |           |                |
|  |                               |             |                        |       |       |              |          |         | 11                            |          | 7 2006 (SEE INSTRUCTIONS FO |            |                    |                |              |           | ODES)          |
|  | Receipts and                  | МО          | DAY Y                  | EAR   |       |              |          | МО      |                               | DAY      | Y                           | EAR        | FO                 | R OFFI         | CE USE       | ONLY      |                |
| Expenditures                             | irom:                         |             | 1 1                    |       | 1     | Т            | <u> </u> |         | 10                            | :        | 23                          | 2006       |                    |                |              |           |                |
| A. Amount Bro                            | ught Forward Fro              | m Last R    | eport                  |       |       |              | \$       |         |                               |          | 30,                         | 598.39     |                    |                |              |           |                |
| B. Total Moneta                          | ary Contributions             | And Rec     | eipts (From S          | che   | dule  | eI)          | \$       |         |                               |          | 6,                          | 430.00     |                    |                |              |           |                |
| C. Total Funds                           | Available (Sum O              | f Lines A   | and B)                 |       |       |              | \$       |         |                               |          | 37,                         | 028.39     |                    |                |              |           |                |
| D. Total Expend                          | ditures (From Scl             | nedule II   | I)                     |       |       |              | \$       |         |                               |          | 6,4                         | 145.55     |                    |                |              |           |                |
| E. Ending Cash                           | Balance (Subtra               | ct Line D   | From Line C)           |       |       |              | \$       |         |                               |          | 30,5                        | 82.84      |                    |                |              |           |                |
| F. Value Of In-                          | Kind Contribution             | s Receiv    | ed (From Sch           | edu   | le II | I)           | \$       |         |                               |          |                             | 0.00       |                    |                |              |           |                |
| G. Unpaid Debt                           | s And Obligation              | s (From S   | Schedule IV)           |       |       |              | \$       |         |                               |          |                             | 0.00       |                    |                | 1            |           |                |
|  |                               |             | A                      | ۱FF   | ID/   | ٩VI          | T SE     | CTIC    | N                             |          |                             |            |                    |                |              |           |                |
| PART I - If this is                      | a Committee rep               | ort, trea   | surer sign he          | re. I | [f th | is is        | a Car    | ndidat  | e re                          | eport, c | andi                        | date sig   | ın here.           |                |              |           |                |
| I swear (or affirm) correct and comple   | that this report, inc<br>ete. | cluding the | e attached sched       | dules | file  | d on         | paper    | or by e | lecti                         | ronic m  | edium                       | , are to t | he best o          | f my kno       | wledge a     | and belie | ef , true      |
| Sworn to and subs                        | cribed before me th<br>day of | is          | 20                     |       |       |              |          |         |                               |          | 5                           | Signature  | of Perso           | n Submit       | ting Rep     | ort       |                |
|  | Signat                        | ure         |                        |       |       |              | -<br>-   |         |                               |          |                             |            | Prin               | ted Name       | e            |           |                |
| My Commission Ex                         | _                             |             |                        |       |       |              |          |         |                               |          |                             |            | Ema                | il             |              |           |                |
|  | мо                            | D           | AY                     | YR    |       |              |          |         |                               | Are      | ea Co                       | le         | Daytim             | e Teleph       | one Nu       | mber      |                |
| Part II- If this is                      | a report of a car             | didate's    | authorized Co          | omn   | nitte | e, C         | andid    | ate sh  | all :                         | sign he  | ere.                        |            |                    |                |              |           |                |
| I swear (or affirm)<br>No 320) as amende | that to the best of ed.       | my knowl    | edge and belief        | this  | polit | tical        | comm     | ittee h | as n                          | ot viola | ted ar                      | y provis   | ions of the        | e act of J     | une 3,19     | 937 (P.L. | 1333,          |
| Sworn to and subsc                       |                               | ;           |                        |       |       |              |          |         |                               |          |                             | s          | ignature o         | of Candid      | ate          |           |                |
|  | day of                        |             |                        |       |       |              | -        |         |                               |          |                             |            | Printo             | d Name         |              |           |                |
|  | Signature                     |             |                        |       |       |              | -        |         |                               |          |                             |            |                    |                |              |           |                |
| My Commission Exp                        | -                             |             |                        |       |       |              |          |         |                               |          |                             |            | Ema                | il             |              |           |                |
|  | МО                            | D           | AY                     | YR    |       |              | -        |         |                               | Area     | Code                        |            | Da                 | ytime T        | elephon      | e Numbe   | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate   | Reporting Period |     |            |
|---|------------------|-----|------------|
| Sinnott, Joseph Com to Elect  | From:            | То: | 10/23/2006 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor   |                  |     |            |
| TOTAL for the Reporting   | Period (1)       | \$  | 150.00     |
| 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)  |                  | \$  | 2,680.00   |
| TOTAL for the Reporting   | Period (2)       | \$  | 2,680.00   |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)  |                  |     |            |
| Contributions Received From Political Committees (Part C)   |                  | \$  | 600.00     |
| All Other Contributions (Part D)  |                  | \$  | 3,000.00   |
| TOTAL for the Reporting   | Period (3)       | \$  | 3,600.00   |
| 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 Page 1, Report Cover Page 2, Report Cover Page 3, Report Cover |                  | \$  | 6,430.00   |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                         | this Part to itemize only with an aggregate valu |                  |     |         |        |      |               |            |
|-------------------------|--|------------------|-----|---------|--------|------|---------------|------------|
| Name of Filing Comm     | nittee or Candidate                              |                  | Re  | porting | Period |      |               |            |
|                         |  |                  | Fre | om:     |        | То   | :             |            |
|                         |  | <u> </u>         |     |         | DATE   |      |               | AMOUNT     |
| Full Name of Contributi | ing Committee                                    |                  |     | МО      | DAY    | YEAR |               |            |
| Mailing Address         |  |                  |     |         |        |      | \$            | 0.00       |
| City                    | State  | Zip Code (Plus 4 | )   |         |        |      |               |            |
|                         | •  | ·                |     |         | •      | •    | $\overline{}$ | DACE TOTAL |

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 Filing Committee or Candidat        | e                  |                                   | Rep  | orting Pe | eriod |      |            |            |
|---|--------------------|-----------------------------------|------|-----------|-------|------|------------|------------|
| Sinnott, Joseph Com to Elect                |                    |                                   | Froi | m:        |       | To   | <b>)</b> : | 10/23/2006 |
|   |                    |                                   |      |           | DATE  |      |            | AMOUNT     |
| Full Name of Contributor RAYMOND MASSING    |                    |                                   |      | МО        | DAY   | YEAR |            |            |
| Mailing Address 3907 WOOD ST                |                    |                                   |      |           |       |      | \$         | 180.00     |
| City ERIE                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16509 |      | 9         | 25    | 2006 |            |            |
| Full Name of Contributor JOHN ALBERSTADT    |                    |                                   |      | МО        | DAY   | YEAR |            |            |
| Mailing Address 215 WEST 41ST ST            |                    |                                   |      |           |       |      | \$         | 150.00     |
| City ERIE                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16508 |      | 8         | 28    | 2006 |            |            |
| Full Name of Contributor STEPHEN NEMENZ     |                    |                                   |      | МО        | DAY   | YEAR |            |            |
| Mailing Address 215 WEST 41ST ST            |                    |                                   |      |           |       |      | \$         | 150.00     |
| City ERIE                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16508 |      | 9         | 7     | 2006 |            |            |
| Full Name of Contributor DOUGLAS RICHARDSON |                    |                                   |      | МО        | DAY   | YEAR |            |            |
| Mailing Address 11212 FIRETHORN             | RD                 |                                   |      |           | -     | 2006 | \$         | 150.00     |
| <b>City</b> WATTSBURG                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16442 |      | 9         | 7     | 2006 |            |            |
| Full Name of Contributor BART BECK          |                    |                                   |      | МО        | DAY   | YEAR |            |            |
| Mailing Address 12140 ANGLING RE            | )                  |                                   |      |           |       |      | \$         | 150.00     |
| City EDINBORO                               | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16412 |      | 8         | 29    | 2006 |            |            |

|  |  |                    |                                 |           |               |                  | FAGL |        |
|--|--|--------------------|---------------------------------|-----------|---------------|------------------|------|--------|
| Full Name of Cont  | tributor                                   |                    |                                 |           |               |                  |      |        |
| JOHN MALENO  |  |                    |                                 | МО        | DAY           | YEAR             |      |        |
| Mailing Address  | 3956 TULIP TREE R                          | LD                 |                                 |           |               |                  | \$   | 150.00 |
| City ERIE  |  | State              | Zip Code (Plus 4)               | 9         | 25            | 2006             |      |        |
| ERIE   |  | PA                 | 16506                           |           |               |                  |      |        |
|  |  |                    |                                 |           |               |                  |      |        |
| Full Name of Cont<br>WILLIAM FINNEC  |  |                    |                                 | МО        | DAY           | YEAR             |      |        |
| Mailing Address  | 814 HUNTINGTON                             | DR                 |                                 |           |               |                  | \$   | 150.00 |
| City ERIE  |  | State              | Zip Code (Plus 4)               | 9         | 25            | 2006             |      |        |
| LNIE   |  | PA                 | 16505                           |           |               |                  |      |        |
|  |  |                    |                                 |           |               |                  |      |        |
| Full Name of Cont  |  |                    |                                 | мо        | DAY           | YEAR             |      |        |
| Mailing Address  | 1250 TOWER LANE                            |                    |                                 |           |               |                  | \$   | 150.00 |
| City ERIE  |  | State              | Zip Code (Plus 4)               | 9         | 25            | 2006             |      |        |
|  |  | PA                 | 16505                           |           |               |                  |      |        |
| 1  |  |                    |                                 |           |               |                  |      |        |
|  |  |                    |                                 |           |               |                  |      |        |
| Full Name of Cont  | tributor                                   |                    | I                               | МО        | DAY           | YEAR             |      |        |
|  | tributor<br>4416 HARVARD RD                |                    |                                 | МО        |               |                  | \$   | 150.00 |
| ANTHONY POL  Mailing Address   |  | State              | Zip Code (Plus 4)               | <b>MO</b> | <b>DAY</b> 25 | <b>YEAR</b> 2006 | \$   | 150.00 |
| ANTHONY POL  Mailing Address   |  |                    | <b>Zip Code (Plus 4)</b> 16509  |           |               |                  | \$   | 150.00 |
| ANTHONY POL  Mailing Address   |  | State              |                                 |           |               |                  | \$   | 150.00 |
| ANTHONY POL  Mailing Address   | 4416 HARVARD RD                            | State              |                                 |           |               |                  | \$   | 150.00 |
| ANTHONY POL  Mailing Address  City ERIE  | 4416 HARVARD RD                            | State              |                                 | . 9       | DAY           | 2006<br>YEAR     | \$   | 150.00 |
| ANTHONY POL  Mailing Address  City ERIE  Full Name of Cont RONALD DISANT  Mailing Address  | 4416 HARVARD RD                            | State              |                                 | 9         | 25            | 2006             |      |        |
| ANTHONY POL  Mailing Address  City ERIE  Full Name of Conta RONALD DISANT  Mailing Address   | 4416 HARVARD RD                            | State<br>PA        | 16509                           | . 9       | DAY           | 2006<br>YEAR     |      |        |
| ANTHONY POL  Mailing Address  City ERIE  Full Name of Cont RONALD DISANT  Mailing Address  City ERIE   | 4416 HARVARD RD  tributor IS  4727 AMHERST | State PA  State    | 16509  Zip Code (Plus 4)        | . 9       | DAY           | 2006<br>YEAR     |      |        |
| ANTHONY POL  Mailing Address  City ERIE  Full Name of Cont RONALD DISANT  Mailing Address  City ERIE  Full Name of Cont                              | 4416 HARVARD RD  tributor IS  4727 AMHERST | State PA  State    | 16509  Zip Code (Plus 4)        | . 9       | DAY           | 2006<br>YEAR     |      |        |
| ANTHONY POL  Mailing Address  City ERIE  Full Name of Cont RONALD DISANT  Mailing Address  City ERIE  Full Name of Cont DAVID ROCCO                  | 4416 HARVARD RD tributor IS 4727 AMHERST   | State PA  State PA | 16509  Zip Code (Plus 4)        | <b>мо</b> | 25<br>DAY     | 2006  YEAR  2006 |      |        |
| ANTHONY POL  Mailing Address  City ERIE  Full Name of Cont RONALD DISANT  Mailing Address  City ERIE  Full Name of Cont                              | 4416 HARVARD RD  tributor IS  4727 AMHERST | State PA  State PA | 16509  Zip Code (Plus 4)        | <b>мо</b> | 25<br>DAY     | 2006  YEAR  2006 |      |        |
| ANTHONY POL  Mailing Address  City ERIE  Full Name of Cont RONALD DISANT  Mailing Address  City ERIE  Full Name of Cont DAVID ROCCO  Mailing Address | 4416 HARVARD RD tributor IS 4727 AMHERST   | State PA  State PA | 16509  Zip Code (Plus 4)        | <b>мо</b> | 25<br>DAY     | 2006  YEAR  2006 | \$   | 150.00 |
| ANTHONY POL  Mailing Address  City ERIE  Full Name of Cont RONALD DISANT  Mailing Address  City ERIE  Full Name of Cont DAVID ROCCO                  | 4416 HARVARD RD tributor IS 4727 AMHERST   | State PA  State PA | 16509  Zip Code (Plus 4)  16506 | мо<br>мо  | 25 DAY 25     | 2006  YEAR  2006 | \$   | 150.00 |

|  |                     |                 |                      | FAGL 6                 |
|--|---------------------|-----------------|----------------------|------------------------|
| Full Name of Contributor THOMAS FAULKNER   | мо                  | DAY             | YEAR                 |                        |
| Mailing Address 633 MONTROYALE DR  |                     |                 |                      | <b>\$</b> 150.00       |
| City ERIE State Zip Code (Plus 4) PA 16504   | 9                   | 25              | 2006                 |                        |
| Full Name of Contributor SIDNEY GOLDSTEIN  | мо                  | DAY             | YEAR                 |                        |
| Mailing Address 11156 COLE RD  |                     |                 |                      | <b>\$</b> 150.00       |
| City NORTH EAST  State Zip Code (Plus 4) PA 16428  | 9                   | 25              | 2006                 |                        |
| Full Name of Contributor THOMAS TALARICO   | мо                  | DAY             | YEAR                 |                        |
| Mailing Address 558 WEST 6TH ST  |                     |                 |                      | <b>\$</b> 100.00       |
| City         ERIE         State         Zip Code (Plus 4)           PA         16507   | 9                   | 20              | 2006                 |                        |
|  |                     |                 |                      |                        |
| Full Name of Contributor CARL ANDERSON   | МО                  | DAY             | YEAR                 |                        |
|  | МО                  | DAY             | YEAR                 | <b>\$</b> 150.00       |
| CARL ANDERSON  | <b>MO</b> 9         | <b>DAY</b> 24   | <b>YEAR</b> 2006     | \$ 150.00              |
| CARL ANDERSON  Mailing Address 3830 PARADE ST  City ERIE State Zip Code (Plus 4)   |                     |                 |                      | \$ 150.00              |
| CARL ANDERSON  Mailing Address 3830 PARADE ST  City ERIE State PA 16504  Full Name of Contributor  | 9                   | DAY             | 2006<br>YEAR         | \$ 150.00<br>\$ 150.00 |
| CARL ANDERSON  Mailing Address 3830 PARADE ST  City ERIE  State Zip Code (Plus 4) 16504  Full Name of Contributor CHUCK MOTSCH   | 9                   | 24              | 2006                 |                        |
| CARL ANDERSON  Mailing Address 3830 PARADE ST  City ERIE  State PA 16504  Full Name of Contributor CHUCK MOTSCH  Mailing Address 730 WEST 26TH ST  City ERIE  State Zip Code (Plus 4) 16504  Zip Code (Plus 4) 2         | 9<br><b>MO</b>      | DAY             | 2006<br>YEAR         |                        |
| CARL ANDERSON  Mailing Address 3830 PARADE ST  City ERIE  State PA 16504  Full Name of Contributor CHUCK MOTSCH  Mailing Address 730 WEST 26TH ST  City ERIE  State PA 2ip Code (Plus 4) 16508  Full Name of Contributor | 9<br><b>MO</b><br>9 | 24<br>DAY<br>25 | 2006<br>YEAR<br>2006 |                        |

| Full Name of Contrib | outor             |                   | МО | DAY | YEAR |                  |
|----------------------|-------------------|-------------------|----|-----|------|------------------|
| Mailing Address      | 2430 EAST 42ND ST |                   |    |     |      | <b>\$</b> 150.00 |
| City ERIE            | State             | Zip Code (Plus 4) | 9  | 15  | 2006 |                  |
|                      | PA                | 16510             |    |     |      |                  |

**PAGE TOTAL \$** 2,680.00

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

#### **PART C**

**Reporting Period** 

#### **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.

| Sinnott, Joseph Com to Elect   |        | F           | rom:   |    |     | То:  | 10/23/200 | <u>6</u> |
|--------------------------------|--------|-------------|--------|----|-----|------|-----------|----------|
|                                |        |             |        | DA | TE  |      | AMOUNT    |          |
| Full Name of Contributing Comm | mittee |             |        | МО | DAY | YEAR |           |          |
| Mailing Address 1100 STATE     | ST     |             |        | 0  | 10  | 2006 | \$        | 600.00   |
| City FDIF                      | State  | Zip Code (P | lus 4) | 8  | 18  | 2006 |           |          |

16501

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

PΑ

Name of Filing Committee or Candidate

City

ERIE

PAGE TOTAL \$ 600.00

## 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 Co                | ommittee or Candidate   |             |    |            | Rep  | orting Per | riod         |         |            |                    |               |
|----------------------------------|-------------------------|-------------|----|------------|------|------------|--------------|---------|------------|--------------------|---------------|
| Sinnott, Joseph                  | Com to Elect            |             |    |            | Fron | n:         |              | To      | <b>)</b> : | 10/2               | <u>3/2006</u> |
|                                  |                         |             |    |            |      | DA         | TE           |         |            | AMOUN <sup>-</sup> | Г             |
| Full Name of Con<br>DAVID ZIMMER | tributor                |             |    |            |      | мо         | DAY          | YEAR    |            |                    |               |
| Mailing<br>Address               | 13093 KLINE RD          |             |    |            |      |            |              |         | \$         |                    | 600.00        |
| City EDINBOR                     | RO                      | State<br>PA |    | Code (Plus | 4)   | 9          | 21           | 2006    |            |                    |               |
| Employer Name                    | COUNTY NATIONAL B       | ANK         |    |            |      | Occupat    | ion<br>B     | SANK EX | (ECUT      | IVE                |               |
| Employer Mailing<br>Business     | Address/Principal Place | e of        |    | City       |      |            | State        |         | Zip C      | ode (Plu           | s 4)          |
| PO BOX 42                        |                         |             |    | CLEARFIE   | ELD  |            | PA           |         | 168        | 30                 |               |
| Full Name of Con                 |                         |             |    |            |      | мо         | DAY          | YEAR    |            |                    |               |
| Mailing<br>Address               | 3036 RUSTIC LANE        |             |    |            |      |            |              |         | \$         |                    | 600.00        |
| City ERIE                        |                         | State       |    | Code (Plus | 4)   | 10         | 3            | 2006    |            |                    |               |
|                                  |                         | PA          | 16 | 506        |      |            |              |         |            |                    |               |
| Employer Name                    | LOESEL SCHAAF INSU      | IRANCE      |    |            |      | Occupat    | <b>ion</b> S | ELF EM  | PLOYE      | D                  |               |
| Employer Mailing<br>Business     | Address/Principal Place | e of        |    | City       |      | •          | State        |         | Zip C      | ode (Plu           | s 4)          |
| 3537 WEST 12TH                   | H ST                    |             |    | ERIE       |      |            | PA           |         | 165        | 05                 |               |
| Full Name of Con<br>DALE ROTH    | tributor                |             |    |            |      | МО         | DAY          | YEAR    |            |                    |               |
| Mailing<br>Address               | 1173 TROUPE RD          |             |    |            |      | _          |              |         | \$         |                    | 600.00        |
| City HARBOR                      | CREEK                   | State<br>PA |    | Code (Plus | 4)   | 9          | 12           | 2006    |            |                    |               |
| Employer Name                    | ROTH MARZ ARCHITE       | CTS         |    |            |      | Occupat    | ion S        | ELF EM  | PLOYE      | D                  |               |
| Employer Mailing<br>Business     | Address/Principal Plac  | e of        |    | City       |      |            | State        |         | Zip C      | ode (Plu           | s 4)          |
| 3505 CHAPIN ST                   | -                       |             |    | ERIE       |      |            | PA           |         | 165        | 08                 |               |

| Full Name of Con<br>ROBERT BREAKS |                        |                     |                     | мо      | DAY            | YEAR   |                   |
|-----------------------------------|------------------------|---------------------|---------------------|---------|----------------|--------|-------------------|
| Mailing<br>Address                | 1023 MISSION DR        |                     |                     |         |                |        | \$ 600.00         |
| City ERIE                         |                        | State               | Zip Code (Plus 4)   | 9       | 16             | 2006   | 1                 |
|                                   |                        | PA                  | 16509               |         |                |        |                   |
| Employer Name                     | SAME                   |                     |                     | Occupat | t <b>ion</b> S | ELF EM | IPLOYED           |
| Employer Mailing<br>Business      | Address/Principal Plac | e of                | City                |         | State          |        | Zip Code (Plus 4) |
| Dusiness                          |                        |                     |                     |         | PA             |        |                   |
| Full Name of Con<br>WAYNE GERHOL  |                        |                     |                     | мо      | DAY            | YEAR   |                   |
| Mailing<br>Address                | PO BOX 23551           |                     |                     |         |                |        | \$ 600.00         |
| City PITTSBUI                     | RGH                    | State               | Zip Code (Plus 4)   | 9       | 9              | 2006   | 1                 |
|                                   |                        | PA                  | 15222               |         |                |        |                   |
| Employer Name                     | SELF EMPLOYED          |                     |                     | Occupat | tion A         | TTORN  | EY                |
| Employer Mailing<br>Business      | Address/Principal Plac | e of                | City                |         | State          |        | Zip Code (Plus 4) |
| SAME                              |                        |                     |                     |         | PA             |        |                   |
| Enter Grand To                    | tal of Part C on Sche  | dule I, Detailed Su | mmary Page, Section | on 3.   |                |        | PAGE TOTAL        |
|                                   |                        | ·                   |                     |         |                |        | \$ 3.000.00       |

## 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               |                   | Repor   | ting Perio | od  |      |    |          |
|-------------------------------|-------------------------|-------------------|---------|------------|-----|------|----|----------|
|                               |                         |                   | From:   |            |     | To:  |    |          |
|                               |                         |                   | •       | D          | ATE |      | AI | 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 | on Schedule I. Detailed | d Summary Page    | Section | 4          |     |      | PA | GE TOTAL |
| - Inc. Statia Total of Fall E | Jonedane 1, Betanet     | . Jammar y r uge, | 500.011 |            |     |      | \$ | 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 |           |                   |
|--|------------------|-----------|-------------------|
| Sinnott, Joseph Com to Elect   | From:            | То:       | <u>10/23/2006</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |           |                   |
| TOTAL for the Reporting Pe   | riod (1)         | <b>\$</b> | 0.00              |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | TF)              |           |                   |
| TOTAL for the Reporting Pe   | eriod (2)        | <b>\$</b> | 0.00              |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                  |           |                   |
| TOTAL for the Reporting Pe   | riod (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 Candidate |                     |                       | Reportin            |      |      |           |            |  |
|---------------------------------------|---------------------|-----------------------|---------------------|------|------|-----------|------------|--|
|                                       | From:               |                       |                     | To:  |      |           |            |  |
|                                       |                     |                       |                     | DATE |      |           | AMOUNT     |  |
| Full Name of Contributor              |                     |                       | мо                  | DAY  | YEAR |           |            |  |
| Mailing Address                       |                     |                       |                     |      |      | <b>\$</b> | 0.00       |  |
| City                                  | State               | Zip Code (Plus 4)     |                     |      |      |           |            |  |
| Description of Contribution:          |                     |                       |                     |      |      |           |            |  |
| Enter Grand Total of Part F on S      | Schedule II, In-Kin | nd Contributions Deta | ailed Summary Page, |      |      |           | PAGE TOTAL |  |
| Section 2.                            |                     |                       |                     |      |      | \$        | 0.00       |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                          |                |        | Reporting Period |        |           |           |        |         |                    |
|--|----------------|--------|------------------|--------|-----------|-----------|--------|---------|--------------------|
|  |                |        |                  | Fro    | om:       |           | То:    |         |                    |
|  |                |        |                  |        |           | DATE      |        |         | AMOUNT             |
| Full Name of Contributor                                       |                |        |                  |        | мо        | DAY       | YEAR   |         |                    |
| Mailing Address  |                |        |                  |        |           |           |        | \$      | 0.00               |
| City   | State          |        | Zip Code(Plus 4) |        |           |           |        |         |                    |
| Employer of Contributor  |                |        |                  |        | Occupa    | tion      |        |         |                    |
| Employer Mailing Address/Principal Plac<br>Business            | ce of Cit      | ity    | State            |        | Zip<br>4) | Code(Plus | Descri | ption o | f Contribution     |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, In-K | Cind C | Contributions De | etaile | ed        |           |        |         | PAGE TOTAL<br>0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candida   | te  |                                   | Reportir                                |  |   |     |            |  |  |  |
|---|---|-----------------------------------|---|--|---|-----|------------|--|--|--|
| Sinnott, Joseph Com to Elect  |   |                                   |   |  |   | То: | 10/23/2006 |  |  |  |
|   |   |                                   |   | DATE   |   |     | AMOUNT     |  |  |  |
| To Whom Paid<br>EDINBORO BEVERAGE   |   |                                   | мо                                      | DAY  | YEAR  |     |            |  |  |  |
| Mailing Address 300 MILL  | 9   | 19                                | 2006                                    | \$   | 50.88                                       |     |            |  |  |  |
| City EDINBORO State Zip Code (Plus 4)   |   |                                   |   | tion of Exp  | enditure                                    | l   |            |  |  |  |
|   | Description of Expenditure BEVERAGES FOR FUNDRAISER |                                   |   |  |   |     |            |  |  |  |
| To Whom Paid DELTA SIGMA THETA SORORITY   |   |                                   | МО                                      | DAY  | YEAR  |     |            |  |  |  |
| Mailing Address UNKOWN  |   |                                   | 9                                       | 19   | 2006  | \$  | 50.00      |  |  |  |
| City ERIE State Zip Code (Plus 4)   |   |                                   |   | Description of Expenditure                             |   |     |            |  |  |  |
|   | ADVERTISING   |                                   |   |  |   |     |            |  |  |  |
| To Whom Paid CURTZE FOODS   |   |                                   | мо                                      | DAY  | YEAR  |     |            |  |  |  |
|   |   |                                   |   | DAT  | YEAK  |     |            |  |  |  |
| Mailing Address 1717 EAST 12TH 9  | ST  |                                   | 9                                       | 21   | 2006  | \$  | 263.11     |  |  |  |
| Mailing Address 1717 EAST 12TH 9  | State   | Zip Code (Plus 4)                 | 9                                       | 21   | 2006  | ·   | 263.11     |  |  |  |
| Mailing Address 1717 EAST 12TH 9  |   | <b>Zip Code (Plus 4)</b><br>16511 | 9<br>Descrip                            |  | 2006<br>penditure                           | ·   | 263.11     |  |  |  |
| Mailing Address 1717 EAST 12TH 9  | State   |                                   | 9<br>Descrip                            | 21<br>otion of Exp                                     | 2006<br>penditure                           | ·   | 263.11     |  |  |  |
| Mailing Address 1717 EAST 12TH S  City ERIE  To Whom Paid   | State   |                                   | 9  Descrip FOOD F                       | 21<br>Potion of Exp<br>FOR FUNDS                       | 2006<br>penditure<br>RAISER                 | ·   | 263.11     |  |  |  |
| Mailing Address 1717 EAST 12TH S  City ERIE  To Whom Paid CITZENS FOR KNOLL   | State   |                                   | 9  Descrip FOOD F                       | 21 Potion of Exp FOR FUNDS  DAY  27                    | 2006  penditure RAISER  YEAR  2006          | \$  |            |  |  |  |
| Mailing Address 1717 EAST 12TH S  City ERIE  To Whom Paid CITZENS FOR KNOLL  Mailing Address UNKNOWN  | State<br>PA   | 16511                             | 9  Descrip FOOD F                       | 21 Potion of Exp FOR FUNDS  DAY  27 Potion of Exp      | 2006  penditure RAISER  YEAR  2006          | \$  |            |  |  |  |
| Mailing Address 1717 EAST 12TH S  City ERIE  To Whom Paid CITZENS FOR KNOLL  Mailing Address UNKNOWN  City  To Whom Paid                        | State PA  State                                     | 16511                             | 9  Descrip FOOD F  MO  9  Descrip       | 21 Potion of Exp FOR FUNDS  DAY  27 Potion of Exp      | 2006  penditure RAISER  YEAR  2006          | \$  |            |  |  |  |
| Mailing Address 1717 EAST 12TH S  City ERIE  To Whom Paid CITZENS FOR KNOLL  Mailing Address UNKNOWN  City  To Whom Paid LAKE VIEW COUNTRY CLUB | State PA  State PA                                  | 16511                             | 9 Descrip FOOD F MO  9 Descrip DONAT    | 21  Potion of Exp OR FUNDS  DAY  27  Potion of Exp ION | 2006 Penditure RAISER  YEAR  2006 Penditure | \$  | 100.00     |  |  |  |
| Mailing Address 1717 EAST 12TH S  City ERIE  To Whom Paid CITZENS FOR KNOLL  Mailing Address UNKNOWN  City  To Whom Paid LAKE VIEW COUNTRY CLUB | State PA  State PA                                  | 16511                             | 9  Descrip FOOD F  MO  9  Descrip DONAT | 21 Potion of Exp FOR FUNDS  DAY  27 Potion of Exp ION  | 2006 Penditure RAISER  YEAR  2006 Penditure | \$  |            |  |  |  |

16428

PA

GOLF FEES FOR FUNDRAISER

| To Whom Paid  LAKE VIEW COUNTRY CLUB   | МО   | DAY   | YEAR                               |    |  |          |  |
|--|--|---|------------------------------------|----|--|----------|--|
| Mailing Address STATION RD RD 3  | 9  | 29  | 2006                               | \$ |  | 2,292.05 |  |
| City NORTH EAST  State PA  Zip Code (Plus 4) 16428   | Descrip                                      | otion of Exp  |                                    |    |  |          |  |
| To Whom Paid NW PA BOYS SCOUTS OF AMERICA  | мо   | DAY   | YEAR                               |    |  |          |  |
| Mailing Address UNKOWN   | 10   | 2   | 2006                               | \$ |  | 100.00   |  |
| City ERIE State PA Zip Code (Plus 4)   | Descrip                                      | Description of Expenditure ADVERTISING                  |                                    |    |  |          |  |
| To Whom Paid SARAH REED CHILDRENS CENTER   | МО   | DAY   | YEAR                               |    |  |          |  |
| Mailing Address 2445 WEST 34TH ST  | 10   | 2   | 2006                               | \$ |  | 17.00    |  |
| City FRIF State Zip Code (Plus 4)  | Doceria                                      | Description of Expenditure DONATION                     |                                    |    |  |          |  |
| PA 16506   | Descrip                                      |   |                                    |    |  |          |  |
| ERIE   | Descrip                                      |   | YEAR                               |    |  |          |  |
| To Whom Paid   | DONAT  | ION   |                                    | \$ |  | 95.00    |  |
| To Whom Paid EAST SIDE POLISH FEDERATION   | MO 10  | DAY  10  ption of Exp                                   | <b>YEAR</b> 2006                   | \$ |  | 95.00    |  |
| To Whom Paid EAST SIDE POLISH FEDERATION  Mailing Address 331 EAST 12TH ST  City ERIE State Zip Code (Plus 4)  | MO 10 Descrip                                | DAY  10  ption of Exp                                   | <b>YEAR</b> 2006                   | \$ |  | 95.00    |  |
| To Whom Paid EAST SIDE POLISH FEDERATION  Mailing Address 331 EAST 12TH ST  City ERIE State Zip Code (Plus 4) 16503  To Whom Paid  | MO  10  Descrip                              | DAY  10  ption of Exp                                   | YEAR 2006 Denditure                | \$ |  | 95.00    |  |
| To Whom Paid EAST SIDE POLISH FEDERATION  Mailing Address 331 EAST 12TH ST  City ERIE State Zip Code (Plus 4) 16503  To Whom Paid ICEHOUSE GANG  | MO  10  Descrip ADVER  MO                    | DAY  10  ption of Exp TISING  DAY  11                   | YEAR 2006 Penditure YEAR 2006      | \$ |  |          |  |
| To Whom Paid EAST SIDE POLISH FEDERATION  Mailing Address 331 EAST 12TH ST  City ERIE State PA 16503  To Whom Paid ICEHOUSE GANG  Mailing Address C/O 1518 WALNUT ST  City ERIE State Zip Code (Plus 4) 16503              | MO  10  Descrip ADVER  MO  10  Descrip       | DAY  10  ption of Exp TISING  DAY  11                   | YEAR 2006 Penditure YEAR 2006      | \$ |  |          |  |
| To Whom Paid EAST SIDE POLISH FEDERATION  Mailing Address 331 EAST 12TH ST  City ERIE State PA 16503  To Whom Paid ICEHOUSE GANG  Mailing Address C/O 1518 WALNUT ST  City ERIE State PA 16502  To Whom Paid ICEHOUSE GANG | MO  10  Descrip ADVER  MO  10  Descrip DONAT | DAY  10  ption of Exp TISING  DAY  11  ption of Exp ION | YEAR 2006 Penditure 2006 Penditure | \$ |  |          |  |

| To Whom Paid FIRST NATIONAL BANK   |  |  |  |  | DAY  | YEAR                        |                                     |  |        |  |  |  |
|--|--|--|--|--|--|-----------------------------|-------------------------------------|--|--------|--|--|--|
| Mailing Address  | 711 STATE ST                           |  |  | 10   | 18   | 2006                        | \$                                  |  | 17.90  |  |  |  |
| City ERIE  |  |  | stion of Exp                               |  |  |                             |                                     |  |        |  |  |  |
| To Whom Paid ABUNDANT LIFE MINISTRIES  |  |  |  |  | DAY  | YEAR                        |                                     |  |        |  |  |  |
| Mailing Address  | iling Address 806 PARADE ST            |  |  |  |  | 2006                        | \$                                  |  | 100.00 |  |  |  |
| City ERIE  |  | State         Zip Code (Plus 4)           PA         16503 |  |  |  |                             | Description of Expenditure DONATION |  |        |  |  |  |
| <b>To Whom Paid</b><br>ERIE COUNTY DE  | EMOCRATIC COUNCIL                      |  |  | МО   | DAY  | YEAR                        |                                     |  |        |  |  |  |
| Mailing Address  | 900 STATE ST SUIT                      | E 101  |  | 10   | 20   | 2006                        | \$                                  |  | 25.00  |  |  |  |
| City ERIE  |  | State  | Zip Code (Plus 4)                          | Description of Expenditure ADVERTISING       |  |                             |                                     |  |        |  |  |  |
|  |  | PA   | 16501                                      | ADVER  | TISING   |                             |                                     |  |        |  |  |  |
| To Whom Paid<br>SAINTS & SINNE   | RS CLUB                                | PA   | 16501                                      | ADVER <sup>-</sup>                           | DAY  | YEAR                        |                                     |  |        |  |  |  |
|  |  | PA  R CLUB 1607 STATE S                                    |  |  |  | <b>YEAR</b> 2006            | \$                                  |  | 40.00  |  |  |  |
| SAINTS & SINNE   |  |  |  | <b>MO</b> 10                                 | DAY 20   | 2006                        | \$                                  |  | 40.00  |  |  |  |
| SAINTS & SINNE Mailing Address   | ERIE MAENNERCHO                        | R CLUB 1607 STATE S  | Zip Code (Plus 4)                          | MO 10 Descrip                                | DAY 20   | 2006                        | \$                                  |  | 40.00  |  |  |  |
| SAINTS & SINNE  Mailing Address  City ERIE  To Whom Paid   | ERIE MAENNERCHO                        | R CLUB 1607 STATE S  | Zip Code (Plus 4)                          | MO 10 Descrip                                | 20 etion of Exp  | 2006<br>penditure           | \$                                  |  | 40.00  |  |  |  |
| Mailing Address  City ERIE  To Whom Paid ROSEBUD FLOW  | ERIE MAENNERCHO                        | R CLUB 1607 STATE S  | Zip Code (Plus 4)                          | MO  10  Descrip  DONAT  MO  10  Descrip      | DAY  20  Ition of Exp ION                                | 2006  Penditure  YEAR  2006 |                                     |  |        |  |  |  |
| Mailing Address  City ERIE  To Whom Paid ROSEBUD FLOWI  Mailing Address                          | ERIE MAENNERCHO  ERS  660 EAST 10TH ST | R CLUB 1607 STATE S State PA State                         | Zip Code (Plus 4) 16500  Zip Code (Plus 4) | MO  10  Descrip  DONAT  MO  10  Descrip      | DAY  20  Ition of Exp  ION  DAY  23                      | 2006  Penditure  YEAR  2006 |                                     |  |        |  |  |  |
| Mailing Address  City ERIE  To Whom Paid ROSEBUD FLOWN  Mailing Address  City ERIE  To Whom Paid | ERIE MAENNERCHO  ERS  660 EAST 10TH ST | R CLUB 1607 STATE S State PA State                         | Zip Code (Plus 4) 16500  Zip Code (Plus 4) | MO  10  Descrip DONAT  MO  10  Descrip CONTR | DAY  20  Ition of Exp ION  DAY  23  Ition of Exp IBUTION | 2006  YEAR  2006  Denditure |                                     |  |        |  |  |  |

| <b>To Whom Paid</b> PUFFERBELLY RESTAURANT | мо                    | DAY                               | YEAR |                           |  |                                  |
|--|-----------------------|-----------------------------------|------|---------------------------|--|----------------------------------|
| Mailing Address 414 FRENO                  | 10                    | 18                                | 2006 | \$<br>235.89              |  |                                  |
| City ERIE                                  | <b>State</b><br>PA    | <b>Zip Code (Plus 4)</b><br>16507 | 1    | otion of Exp<br>FOR FUNDS |  |                                  |
| Enter Grand Total of Expen                 | ditures on Page 1, Re | port Cover Page, Item D           |      |                           |  | \$<br><b>PAGE TOTAL</b> 6,445.55 |
|  |                       |                                   |      |                           |  |                                  |
|  |                       |                                   |      |                           |  |                                  |