

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Amy Webster for Commissioner					
Street Address		1111 North Juniata Street					
City	Hollidaysburg	State	PA	Zip Code	16648		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/21/2019	Year	2019		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
		1/1/2019
A. Amount Brought Forward From Last Report	\$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3,611.04
C. Total Funds Available (Sum of Lines A and B)	\$	3,611.04
D. Total Expenditures (From Schedule III)	\$	6,715.71
E. Ending Cash Balance (Subtract Line D from Line C)	\$	104.67
F. Value of In-Kind Contributions Received (From Schedule II)	\$	150
G. Unpaid Debts and Obligations (From Schedule IV)	\$	3,000

RECEIVED

MAY 09 2019

VOTER REGISTRATION
BLAIR COUNTY

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 on paper, is to the best of my knowledge and belief true, correct, and complete.

Sworn to and subscribed before me this

9th day of May 20 19

MicHELLE J. TUCKER

Signature

Signature of Person Submitting report

DAVID E SILL

Printed Name

My Commission expires

11 01 2020



Area Code

814-312-8684

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

9 day of May 20 19

Amy Webster

Signature

Signature of Candidate

Amy Webster

Printed Name

My Commission expires

06 20 2022

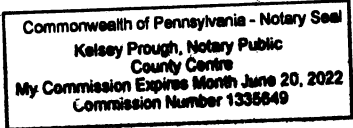
MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
 Kelsey Prough, Notary Public
 County Centre
 My Commission Expires Month June 20, 2022
 Commission Number 1335646

Area Code

814 696-1123

Daytime Telephone Number



SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	1,641.04
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	1,270
Total for the reporting period	(2)	\$ 1,270

3. Contributions Over \$250.00 (From Part C and Part D)
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Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	700
Total for the reporting period	(3)	\$ 700

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)
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Total for the reporting period	(4)	\$	3,611.04
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	
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PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor		David F. Servello			Date [MM/DD/YYYY]	\$	250
					03/02/2019		
House #	1500	Street Address	Harrison Ave.		Date [MM/DD/YYYY]	\$	
City	Altoona	State	PA	Zip Code	16602	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Kenneth and Judy Snyder			Date [MM/DD/YYYY]	\$	100
					03/13/2019		
House #	1171	Street Address	Foot of Ten Road		Date [MM/DD/YYYY]	\$	
City	Duncansville	State	PA	Zip Code	16635	Date [MM/DD/YYYY]	\$
Full Name of Contributor		W. Michael and Sandra Kovensky			Date [MM/DD/YYYY]	\$	150
					03/20/2019		
House #	338	Street Address	Oak Knoll		Date [MM/DD/YYYY]	\$	
City	Hollidaysburg	State	PA	Zip Code	16648	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Christopher E. Creek			Date [MM/DD/YYYY]	\$	95
					04/12/2019		
House #	334	Street Address	Troxell Road		Date [MM/DD/YYYY]	\$	
City	Williamsburg	State	PA	Zip Code	16693	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Barry L. and Susan Ickes			Date [MM/DD/YYYY]	\$	65
					04/13/2019		
House #	109	Street Address	Twin Oaks		Date [MM/DD/YYYY]	\$	
City	Hollidaysburg	State	PA	Zip Code	16648	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Dani M. Felty			Date [MM/DD/YYYY]	\$	100
					04/22/2019		
House #	187	Street Address	Burket Road		Date [MM/DD/YYYY]	\$	
City	Hollidaysburg	State	PA	Zip Code	16648	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor		Guy J. Landolfi			Date [MM/DD/YYYY]	\$	100.00
					04/25/2019		
House #	224	Street Address	Union Ave.		Date [MM/DD/YYYY]	\$	
City	Altoona	State	PA	Zip Code	16602	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor				Richard Latker		Date [MM/DD/YYYY]		03/31/219		\$		700			
House #		703		Street Address				Allegheny Street				Date [MM/DD/YYYY]			
City		Hollidaysburg		State		PA		Zip Code		16648		Date [MM/DD/YYYY]			
Employer Name				self				Occupation		B&B operator					
Employer Mailing Address / Principal Place of Business				7030 Allegheny St., Hollidaysburg, PA 16648											

Full Name of Contributor						Date [MM/DD/YYYY]				\$					
House #				Street Address								Date [MM/DD/YYYY]			
City				State				Zip Code				Date [MM/DD/YYYY]			
Employer Name								Occupation							
Employer Mailing Address / Principal Place of Business															

Full Name of Contributor						Date [MM/DD/YYYY]				\$					
House #				Street Address								Date [MM/DD/YYYY]			
City				State				Zip Code				Date [MM/DD/YYYY]			
Employer Name								Occupation							
Employer Mailing Address / Principal Place of Business															

Full Name of Contributor						Date [MM/DD/YYYY]				\$					
House #				Street Address								Date [MM/DD/YYYY]			
City				State				Zip Code				Date [MM/DD/YYYY]			
Employer Name								Occupation							
Employer Mailing Address / Principal Place of Business															

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

Efil Identification Number	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 150

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 150

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, Report Cover Page, Item F)		\$ 150
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					David F. Servello		Date [MM/DD/YYYY]	04/22/2019	\$	150
House #	1500	Street Address	Harrison Ave.			Date [MM/DD/YYYY]		\$		
City	Altoona	State	PA	Zip Code	16602	Date [MM/DD/YYYY]		\$		
Description of Contribution		Pizzas, beverages, salad, and venue for a Meet and Greet event								
Full Name of Contributor							Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Description of Contribution										
Full Name of Contributor							Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Description of Contribution										
Full Name of Contributor							Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Description of Contribution										
Full Name of Contributor							Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Description of Contribution										

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Banners on the Cheap			Date [MM/DD/YYYY]	\$	73.28
					01/25/2019		
House #	11525	Street Address	Stonehollow Dr.		Description of Expenditure		
City	Austin	State	TX	Zip Code	78758	Banner	
To Whom Paid		Martin's Grocery Store			Date [MM/DD/YYYY]	\$	66.75
					1/31/2019		
House #	1000	Street Address	Logan Blvd.		Description of Expenditure		
City	Altoona	State	PA	Zip Code	16602	Food supplies for announcement	
To Whom Paid		WalMart			Date [MM/DD/YYYY]	\$	21.02
					01/31/2019		
House #	2600	Street Address	Plank Road Commons		Description of Expenditure		
City	Altoona	State	PA	Zip Code	16602	Paper and plasticware for announcement	
To Whom Paid		Fast Color Printers, Inc.			Date [MM/DD/YYYY]	\$	106.05
					03/07/2019		
House #	111	Street Address	2nd Ave NE Ste 900		Description of Expenditure		
City	St. Petersburg	State	FL	Zip Code	33701	Doorhangers	
To Whom Paid		Staples			Date [MM/DD/YYYY]	\$	235.49
					03/15/2019		
House #	217	Street Address	Falon Lane		Description of Expenditure		
City	Altoona	State	PA	Zip Code	16602	Heavy paper and print services	
To Whom Paid		Magnets on the Cheap			Date [MM/DD/YYYY]	\$	243.28
					03/25/2019		
House #	11525	Street Address	Stonehollow Dr.		Description of Expenditure		
City	Austin	State	TX	Zip Code	78758	Magnetic signs for cars	
To Whom Paid		Current Catalog			Date [MM/DD/YYYY]	\$	23.3
					3/31/2019		
House #	1025	Street Address	East Woodmen Road		Description of Expenditure		
City	Colorado Springs	State	CO	Zip Code	80920	checks for bank account	
To Whom Paid		Martin's Grocery Store			Date [MM/DD/YYYY]	\$	23
					4/11/2019		
House #	1000	Street Address	Plank Road		Description of Expenditure		
City	Altoona	State	PA	Zip Code	16602	Sauces for fundraiser	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Sam's Club			Date [MM/DD/YYYY]	\$	
					04/11/2019		303.65
House #	2700	Street Address	Plank Road Commons		Description of Expenditure		
City	Altoona	State	PA	Zip Code	16602	Food and serveware for fundraiser	
To Whom Paid		Capitol Promotions			Date [MM/DD/YYYY]	\$	
					04/07/2019		3406.84
House #	249	Street Address	N Keswick Ave.		Description of Expenditure		
City	Glenside	State	PA	Zip Code	19038	Yard signs	
To Whom Paid		Fast Color Printing, Inc.			Date [MM/DD/YYYY]	\$	
					04/18/2019		212.11
House #	111	Street Address	2nd Ave NE Ste 900		Description of Expenditure		
City	St Petersburg	State	FL	Zip Code	33701	Doorhangers	
To Whom Paid		Capitol Promotions			Date [MM/DD/YYYY]	\$	
					04/18/2019		274.54
House #	249	Street Address	N Keswick Ave.		Description of Expenditure		
City	Glenside	State	PA	Zip Code	19038	rolls of sticker/nametags	
To Whom Paid		Capitol Promotions			Date [MM/DD/YYYY]	\$	
					05/03/2019		1526.4
House #	249	Street Address	N Keswick Ave.		Description of Expenditure		
City	Glenside	State	PA	Zip Code	19038	4' by 8' corrugated signs	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor		Amy E. Webster				Outstanding Balance of Debt	
House #	1111	Street Address	N. Juniata St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 3,000
				4/30/2019			
City	Hollidaysburg		State	PA	Zip Code	16648	
Description of Debt		Loan to campaign to pay a portion of giant signs					

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							