



Reset Form

Print Form

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 checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Angie Amatangelo						
Street Address		233 West 29th Street						
City	Erie	State	PA	Zip Code	16508			
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)		05/16/2023	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only				
		01/01/2023	05/01/2023					
A. Amount Brought Forward From Last Report		\$	0.00	2023 MAY -3 AM ID: 17 ERIE COUNTY VOTER REGISTRATION				
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	1225.00					
C. Total Funds Available (Sum of Lines A and B)		\$	325.00					
D. Total Expenditures (From Schedule III)		\$	791.65					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	800.00					
F. Value of In-Kind Contributions Received (From Schedule II)		\$	305.73					
G. Unpaid Debts and Obligations (From Schedule IV)		\$	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 on page, is to the best of my knowledge and belief true, correct and complete.								
Sworn to and subscribed before me this								
3rd day of May 2023								
Angie Amatangelo								
Signature								
My Commission expires 12/02/2026								
MO. DAY YR.								
Signature of Person Submitting report								
Angie Amatangelo								
Printed Name								
814								
Area Code								
636-7129								
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								
Printed Name								
My Commission expires								
MO. DAY YR.								
Area Code								
Daytime Telephone Number								

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	100
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	250
All Other Contributions (Part B)		\$	75
Total for the reporting period	(2)	\$	325
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	800
Total for the reporting period	(3)	\$	800
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
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>		\$	1225

PART A

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.

										Amount	
Full Name of Contributing Committee			WOMEN: THE FUTURE				Date [MM/DD/YYYY]	\$	250.00		
							4/17/2023				
House #	4377		Street Address		Cooper Rd			Date [MM/DD/YYYY]	\$		
City	Erie			State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$			
House #			Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$			
House #			Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$			
House #			Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$			
House #			Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$			
House #			Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		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		Jay Brenemen		Date [MM/DD/YYYY]	3/20/2023	\$	75.00
House #	4118	Street Address	State Street	Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16502	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 C
Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
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Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	

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						Anthony J. Amatangelo						Date [MM/DD/YYYY]		3/9/2023		\$		300.00	
House #		2811		Street Address		Wellington						Date [MM/DD/YYYY]				\$			
City		Erie		State		PA		Zip Code		16506		Date [MM/DD/YYYY]				\$			
Employer Name						AMATECH						Occupation		Executive Vice President/Owner					
Employer Mailing Address / Principal Place of Business						1460 Grimm Drive Erie, PA 16501													

Full Name of Contributor						Michael Fraley						Date [MM/DD/YYYY]		3/21/2023		\$		500	
House #		126		Street Address		East 35th Street						Date [MM/DD/YYYY]				\$			
City		Erie		State		PA		Zip Code		16504		Date [MM/DD/YYYY]				\$			
Employer Name						Housing Authority of the City of Erie						Occupation		Executive Director					
Employer Mailing Address / Principal Place of Business						606 Holland Street Erie, PA 16501													

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																			

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.

Filer Identification Number:	
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Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

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**

Filer 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)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 305.73

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)		\$ 305.73
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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				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						

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 II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
					2/20/2023			36
House #	Street Address		City		State	Zip Code	Date [MM/DD/YYYY]	\$
523	Hastings Street						3/10/23	16.76
					3/24/23			7.60
Employer Name			PA United PAC			Occupation		
Employer Mailing Address / Principal Place of Business			523 Hastings Street Pittsburgh, PA 15206			Description of Contribution		staff hours
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
					4/7/2023			126.96
House #	Street Address		City		State	Zip Code	Date [MM/DD/YYYY]	\$
							4/21/2023	118.41
Employer Name			PA United PAC			Occupation		
Employer Mailing Address / Principal Place of Business			523 Hastings Street Pittsburgh, PA 15206			Description of Contribution		staff hours
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address		City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address		City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid				Desantis Signs and Graphics, Inc.		Date [MM/DD/YYYY]		\$ 245.00	
House #		Street Address		Description of Expenditure					
540		West 18th Street							
City		State		Zip Code					
Erie		PA		16502		50 yard signs 50% deposit			
To Whom Paid				Engel O'Neill Advertising		Date [MM/DD/YYYY]		\$ 306.70	
House #		Street Address		Description of Expenditure					
2124		Sassafras Street							
City		State		Zip Code					
Erie		PA		16508		1,000 campaign flyers and printing			
To Whom Paid				Desantis Signs and Graphics, Inc.		Date [MM/DD/YYYY]		\$ 239.95	
House #		Street Address		Description of Expenditure					
540		West 18th Street							
City		State		Zip Code					
Erie		PA		16502		balance of yard sign expense			
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					
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					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						

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