

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed E (Mark X)	3y Candida	ite X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Angie Amatang	gelo				<u>, 19</u>
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 2- 2 nd Friday 3-30 Day Post Pre-Primary Primary 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
Date Of Election (MM/DD/YYYY) 05/16/2023	Year	2023	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Date			For	Office Use Only	
01/01/2023	05	/01/2023				
A. Amount Brought Forward From Last Repor	\$	0.00	· · · · · · · · · · · · · · · · · · ·		5	7023
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			ESTRAT	af •≠
E. Ending Cash Balance (Subtract Line D from Line C)	\$	800.00				₹ 5
F. Value of In-Kind Contributions Received (From Schedule II)	\$	305.73			9	7
G. Unpaid Debts and Obligations (From Schedule IV)	5. \$	0.00				· · · · · · · · · · · · · · · · · · ·
Part 1- If this is a Committee report, treasurer sign h	ara Ifaba is Kon	Affidavit Sec				
I swear (or affirm) that this report, including the atta		n papel, is to the		ge and belief to	ue, correct and comple	te.
Sworn to and subscribed before me this 3rd day of May 20 23	Ene co	onwealth ungela L	Signature	A Person Subm		<u> </u>
Signature Signature	ion nun	5 5 6 1	ngieAmatangelo	Printed Nam	e	
My Commission expires 12 02 26 AMO. DAY YR.	es Dece imber 14 Associat	Z V	14 Area Code		-7129 rtime Telephone Numbe	er
Part II- if this is a report of a Candidate's Authorized Committee , candidate stia ll sign here.						
I swear (or affirm) that to the best of my knowledge amended.		litical committee		y provisions of t	he Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this	e.	(A)				
day of20	- '1		Clas	nature of Candi	· ·	
Signature	- '			Printed Name	741U	<u> </u>
My Commission expires	_	_				
MO. DAY YR.		Α	rea Code	Dayt	ime Telephone Numbe	r

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
	The state of the s	

	-	
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	1225

PART A **Contributions Received From Political Committees**

\$50.01 TO \$250.00
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.

Filer Identification	n Number					
						A
Full Name of Co				Date Thank (DD (1000))	I. e	Amount
Committee	1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N	THE FUTURE		Date [MM/DD/YYYY]	\$	250.00
	WOWEN.	THE FUTURE		4/17/2023		
House #	Street Address			Date [MM/DD/YYYY]	\$	
4377	C	ooper Rd				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie		PA	16510		1	
Full Name of Co	ontributing	<u>'''</u>		Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
110030	Street Address			Date [Hill/DD/1111]		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					.:	
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$	
Committee					١.	
House #	Street Address			Date [MM/DD/YYYY]	\$	
					1	
City		State	Tin Code	Date [MM/DD/YYYY]	 _	
City		State	Zip Code	Date [WIW/DD/TTTT]	\$	
Call Name of Co	authath			n face in page	1	
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	-	
Tiouse if	Street Address			Date Hanal DD/ 11111	\$	
e de la companya de l					100	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
1						
Full Name of Co	entributing		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	<u> </u>
Committee]	
House #	Street Address			Date [MM/DD/YYYY]	\$	
nouse #	Street Address			Date [initial DD] 1111]	┤	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
City		State	Zip Code	Date [MM/DD/YYYY]	S	
					ļ	
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$	
Committee	34 34 34					
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
					1	
. F			1 1	1	r	

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:				
Full Name of Contributor			Date [MM/DD/YYYY]	(C
Jay I	Brenemen		3/20/2023	75,00
House # Street Ad			Date [MM/DD/YYYY]	\$
4118	State Street			
City Erie	State PA	Zip Code 16502	Date [MM/DD/YYYY]	S
Full Name of Contributor			Date MM/DD/YYYM	S
roll warte of contributor			Date (MW/DD/MMM)	7
House# Street Ad	dress		Date [MM/DD/XYYY]	(\$)
Gliy s	State	Zip Code	Date [MM/DD/XYYY]	\$
Walled Harris Albania Victoria Santa S				
Full Name of Contributor			Date [MM/DD/XXXX]	(\$)
House# Street A.	2234		Date [MM/DD/YYYY]	<u></u>
House# Street Ad			<u> </u>	
Gl i y	State.	Zip Code	Date [MM/DD/XYYY]	\$
			9	
Full Name of Contributor			Date [MM/DD/XXXXI]	\$
House# Street Ad	dress		Date [MM/DD/YYYY]	S
			Olimpic of case transfer attact to consider the control of the case of the cas	
City	State	Zip/Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House# Street Ad	dress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

Full Name of Contributor

Street Address

State

Zip Code

House#

City

PART C

Contributions Received From Political Committees

Over \$250.00

Veller identification Number:

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

	•			
Full Name of Contributing Committee			Date [MM/DD/Y/(Y)	\$
Höuse# Street Address			Date [MM/DD//YYYY]	\$
Gli	State	Zip Code	Date [MM/DD/WYY]	Ś
FulliName of Contributing Committee			Date [MM/DD///////]	\$\$
House # Street Address			Date [MM/DD//YYY]	\$
Gity	State	Zip Gode	Date [MM/DD/YYYY]	\$
FUll Name of Contributing Committee			Date [MM/DD/MM)	\$
House # Street Address			*Date (MM/DD/AYYY)	\$.
(city)	State	Zip Code	Date [MM//De///////	\$
Fulliname of Contributing Committee			Date (MM/DD/AWY)	\$5
House# Street Address			Date [MM/DD/XXXX]	\$
(Giv)	State	Zip Code	Date [MM/DD/AXAXI]	
FulliName of Contributing Committee			Date [MM/DD/MMM]	*\$
House# Street Address			Date [MM/DD//////]	
(Gity	State	Zip Code.	Date [MM/DD/XXXX]	
Full Name of Contributing Committee			Date [MM/DD/MW//]	
(House:# Street:Address	· ISSENJAGAAAAAAA	ES NORTO MARIO CALO	(Date [MM//DD//YYYY)	\$.
(City	State	Zip Code.	Date [MM/DD/\\\\)	\$

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:

				· · · ·
Full Name of Contributor Anthony	J. Amatangelo		Date [MM/DD/YYYY] \$	300.00
House # Street Address			Date [MM/DD/YYYY] \$	
2811	Wellington			
city.	State PA	*Zip Code 16506	Date [MM/DD/YYYY] \$	
Employer Name	AMATECH		Occupation Executive Vice P	resident/Owner
Employer Mailing Address / Principal Place of Business	1460 Grimm Drive Erie	e, PA 16501		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
Michael F	raley		3/21/2023	500
House # Street Address 126	East 35th Street		Date [MM/DD/YYYY] \$	
Gity Erie	State PA	Zip Code 16504	Date [MM/DD/YYYY] S	
Employer:Name			Occupation	
	Housing Authority of th	e City of Erie	Executive Director	or
Employer/Malling Address / Principal Place of Business	606 Holland Street Eric	e, PA 16501		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address	A Transaction		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:

	- 1000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (10			
Full Name				·
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] 5
			Code	
Receipt Description				
Full Name		1		
House #	Street Address			44 44 44 44 44 44 44 44 44 44 44 44 44
Gity		State	Zip	Date [MM/DD/YYYY] \$
	T. Alexandra		Code	
Receipt Description				
Full Name				
House #	Street Address			
City/		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	0011000	000000000000000000000000000000000000000	は今の山水が銀河(は)を含ませる。	[6,278]
Full Name				
House #	Street Address			
Gity		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				【
Full Name				
House #	Street Address			
	Succe Address		%. → €©SAFeanX	STRUCTURE THE TREATMENT OF THE TREATMENT
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description			****	
Full Name	77.74			
	Street Address			
City (2)		State	Zip Code	Date [MM/DD/YYYY] \$
Réceipt Description				
	25 5-27 4. 7 (3)			

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

File: Identification Number:			
1. UNITEMIZED IN-KIND CON	TRIBUTIONS RECEIVED-VALU	JE OF \$50.00 O	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$ ()
	What are the control of the control		
2. IN-KIND CONTRIBUTIONS I	REGEIVED-VALUE OF \$50.01	TO \$250:00 (FR	OM PART F)
TOTAL for the reporting period	(2)	\$	0
		AAVED AAVED AAVED	
'3. IN-KIND'CONTRIBUTION R	EGEIVED-VALUE OVER \$250.	UU (FRUIVI PAR	(G) Signatura
TOTAL for the reporting period	(3)	\$	305.73
TOTAL VALUE OF IN-KIND CONTRIBUTED (Add and enter amount total			
on Page 1, Report Cover Page, Item I		1 1	305.73

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	Number:			
Full Name of Co	ntributor			(*Date:[MM/DD/YYYY)] \$
House #	Street/Address			Date [MM/DD/YYYY] \$
City		State	-Zip Code	Date:[MM/DD/YYYY] \$
Description of G	ontribution.			। अध्यक्षा
Full Name of Co	nilliotter			Date: [MM//DD//YXXY]
House #	Street/Address			Date [MM//DD//YYYY] \$
City		State	Zip Code	Date:[MW//DD//YYYY] \$
Description of C				
Full Name of Co				*Date*(MM//DD//YYYY)
House#	Street Address			SDate*[MM/JDD/AYYY] \$
(Gity)		State	Zip Gode	Date MW//DD/YYYYY
Description of C				
Full Name of Co				Date [MW/DD/XYYY] 3
House#	Street Address			Date [MM/DD/WYY] \$
(Gity	ontribution	State	Zip Gode	Spate (MM/DD/XYXY) \$
Full Name of Co	ntributor			*Date*[MM/DD/XYYY] \$
House #	Street Address	·		Date (MM/DD/YYYY) S
Gify		State	Zip Code	Date [MM/DD/YYYY] \$
Description of C	ONTRIBUTION			

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			· · · · · · · · · · · · · · · · · · ·	
The state of the control of the cont				
Full Name of Contributor			Date [MM/DD/YYYY] \$	i/R
			2/20/2023	36
House # Street Address			Date [MM/DD/YYYY] \$	368.
	lastings Street		3/10/23	16.76
city	State Zig	ip Code	Date [MM/DD/YYYY] \$	
		1.7	3/24/23	7.60
Employer Name	PA United PAC		Occupation	
Employer Mailing Address / Principal			Description	
Place of Business	523 Hastings Street Pit	ittsburgh, PA 15206	of Contribution staff hours	
Full Name of Contributor			Date [MM/DD/XXXX] \$	\$6
			4/7/2023	126.96
House # Street Address			Date [MM/DD/YYYY] \$	Ý iz
			4/21/2023	118.41
City:	State Zig	ip Code	Date [MM/DD/YYYY] \$	
Employer Name	PA United PAC		Occupation	
Employer Mailing Address / Principal Place of Business			Description:	
Place:01:8usiness	523 Hastings Street Pit	ittsburgh, PA 15206	of staff hours	
Full Name of Contributor.	NAM .		Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State Zip	ip Code	Date [MM/DD/YYYY] 5	
				<u></u> _
Employer Name	Š.		Occupation	
Employer Malling Address / Principal			Description	
Place of Business			of Contribution	
Full Name of Contributor	20		Date [MM/DD/YYYY] \$	

House #

City

Employer Name

Employer Mailing Address / Principal Place of Business

Street-Address

State

Zip Code

\$

\$

Date [MM/DD/YYYY]

Date:[MM/DD/YYYY]

Occupation

Description

Contribution

SCHEDULE III Statement of Expenditures

Filer Identification Number:		

To Whom Paid					Date [MM/DD/YYYY]	\$
	Desantis Signs and Graphics	, Inc.				245.00
House # 540	Street Address West 18th	Street			Description of Expendi	ture
City Erie	State	PA	Zip Code	6502	50 yard signs 50% depost	den vijek ja kood i rigadis dolas ir vijek da kole kuit ki kan kan amandi.
To Whom Paid					Date [MM/DD/YYYY]	\$
	Engel O'neill Advertising				4/25/2023	306.70
House # 2124	Street Address Sassafras	Street			Description of Expendit	ure and a
City Erie	State	PA	Zip Code ¹	6508	1,000 campaign flyers and	d printing
To-Whom Paid					Date [MM/DD/YYYY]	\$ 239.95
Desantis Signs and Graphics, Inc.					4/07/2023	
House # 540	Street: Address West 18th 5	street			Description of Expendit	ure
City: Erie	State	PA	Zip Code	6502	balance of yard sign expe	nse
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendit	l de l
						41.
City	State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	.
House#	Street Address				Description of Expendit	ure
City.	State		Zíp Code			
To Whom Paid					Date [MM/DD/YYYY]	\$
House#	Street Address	,			Description of Expendit	ure
Gity	State		Zip Code			
To Whom Paid			•		Date [MM/DD/YYYY]	\$
House#	Street Address				Description of Expendit	ure
City	State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address	11 11 11 11 11 11 11 11 11 11 11 11 11		·	Description of Expendit	ure
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.

File identification Number				
Name of Creditor				Outstanding Balance of Debt
House# Stre	et Address		E DEBT INCURRED MM/DD/YYYY]	\$
City	STOCKED OF THE STOCKED AND STO	State	Zig Gode	
Description of Debt				
Name of Greditor House # Stre		- DAT	E DEBT#INGURRED:	Outstanding Balance of Debt
	et Address	(MM/DD/AYYY)	
Gity 1945 Description of Debt		State	Zip Code	
Peranjulon on Debt				
Name of Creditor			E DEBTEINGURRED	Outstanding Balance of Debt
	et Address		WW/DD/YYYY]	\$
City, Description of Debt		State	Zip Code	
Nameor Gedito				Outstanding Balance of Debt
House # Stre	et Address	1937 2739 2732 10 (4) (4)	E,DEBT INCURRED MM/DD/YYYY)	<u> </u>
Gity		State	Zip Code	
Description of Debt				
Name of Greditor House# Stree			E DEBTAINGURRED	Outstanding Balance of Debt
Stre	et Address		MIM/ĐĐ/XYYY]	*
GitV		State	Zip Gode	
Description of Debt				
Name of Greditor	7.4%		E DEBT INGURRED	Outstanding Balance of Debt
	et Address	į (i	MM/DD/YYYY]	
Gity		State	Zip Gode	
Description of Debt				