



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	20230039	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Tony Bowers for District Judge								
Street Address	2695 Acon DR.								
City	Lake City	State	PA	Zip Code	16423				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only  2023 MAY -5 PM 12:24 ERIE COUNTY VOTER REGISTRATION
	02/08/2023	05/05/2023	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	4,860.00	
C. Total Funds Available (Sum of Lines A and B)	\$	4,860.00	
D. Total Expenditures (From Schedule III)	\$	4,945.81	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	20.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 and exhibits on file, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 5 <sup>th</sup> day of May 2023 Angela L. Watson Signature	Signature of Person Submitting report Lindsay Bowers Printed Name 16423 Area Code 814-823-7096 Daytime Telephone Number
My Commission expires 12/2/2026 MO. DAY YR.	

Part II- If this is a report of a Candidate's Authorized Committee, the 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 5 <sup>th</sup> day of May 2023 Angela L. Watson Signature	Signature of Candidate Anthony J Bowers Printed Name 16423 Area Code 814-464-6373 Daytime Telephone Number
My Commission expires 12/2/2026 MO. DAY YR.	

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number		20230039
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period (1)		\$ 435.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 1,450.00
Total for the reporting period (2)		\$ 1,450.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 3,490.00
Total for the reporting period (3)		\$ 3,490.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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)		\$ 5,375.00

**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 Number																			
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														Amount	
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:		20230039			
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Full Name of Contributor		Christopher Bleggi		Date [MM/DD/YYYY]	02/10/2023	\$	50.00
House #	3149	Street Address	West 22nd St.	Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Joann Maggio		Date [MM/DD/YYYY]	02/10/2023	\$	50.00
House #	655	Street Address	Ayonia Rd.	Date [MM/DD/YYYY]		\$	
City	Fairview	State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Robert Bortz		Date [MM/DD/YYYY]	02/14/2023	\$	50.00
House #	2918	Street Address	Harvard Rd.	Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16508	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Lynette Maggio		Date [MM/DD/YYYY]	02/14/2023	\$	50.00
House #	1115	Street Address	Brown Ave	Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor		Amanda Marks		Date [MM/DD/YYYY]	02/18/2023	\$	50.00
House #	1517	Street Address	Sumner Dr.	Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Bruce Sandmeyer		Date [MM/DD/YYYY]	02/25/2023	\$	50.00
House #	1001	Street Address	State St	Date [MM/DD/YYYY]	02/15/2023	\$	600.00
City	Erie	State	PA	Zip Code	16501	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																									
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]		\$			
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:	20230039
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Full Name of Contributor		Nicholas white		Date [MM/DD/YYYY]	03/23/23	\$	50.00
House #	44	Street Address	East 41st St.	Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16504	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Jayne McNally Russell		Date [MM/DD/YYYY]	03/23/2023	\$	50.00
House #	4822	Street Address	Rudd St	Date [MM/DD/YYYY]		\$	
City	West Springfield	State	PA	Zip Code	16443	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Paula Bowers		Date [MM/DD/YYYY]	02/09/23	\$	200.00
House #	1356	Street Address	Park St	Date [MM/DD/YYYY]		\$	
City	Sharon	State	PA	Zip Code	16146	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Daryl Marks		Date [MM/DD/YYYY]	02/10/2023	\$	200.00
House #	1832	Street Address	West 27th St	Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16508	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Michael Mashane		Date [MM/DD/YYYY]	02/11/2023	\$	100.00
House #	3035	Street Address	Idyllbrook Ln	Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Timothy George		Date [MM/DD/YYYY]	02/18/2023	\$	200.00
House #	1488	Street Address	Elleway Ct	Date [MM/DD/YYYY]		\$	
City	Fairview	State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$

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									
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**

<b>EEI Identification Number:</b>	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

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

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

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)		\$
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**SCHEDULE II**

**PART F**

**In-Kind Contributions Received**

**VALUE OF \$50.01 TO \$250**

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

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>

<b>Description of Contribution</b>	
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SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$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	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address				Date [MM/DD/YYYY]		\$
City				State		Zip Code	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address				Date [MM/DD/YYYY]		\$
City				State		Zip Code	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address				Date [MM/DD/YYYY]		\$
City				State		Zip Code	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

**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									

## 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:	20230039
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Full Name of Contributor		Christopher Bleggi		Date [MM/DD/YYYY]	\$	150.00
House #	6041	Street Address	SOMERSET DR.	Date [MM/DD/YYYY]	\$	
City	Fairview	State	PA	Zip Code	16415	
Full Name of Contributor		Gregory Grasinger		Date [MM/DD/YYYY]	\$	100.00
House #	517	Street Address	Shawnee DR.	Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505	
Full Name of Contributor		Betsy Boston		Date [MM/DD/YYYY]	\$	100.00
House #	8131	Street Address	Pacific Loop St	Date [MM/DD/YYYY]	\$	
City	Winter Garden	State	FL	Zip Code	34787	
Full Name of Contributor		Patty Goodwill		Date [MM/DD/YYYY]	\$	100.00
House #	4925	Street Address	Bancroft Blvd.	Date [MM/DD/YYYY]	\$	
City	Orlando	State	FL	Zip Code	32833	
Full Name of Contributor		Robert Kuhn		Date [MM/DD/YYYY]	\$	100.00
House #	314	Street Address	Pheasant DR.	Date [MM/DD/YYYY]	\$	
City	GIRARD	State	PA	Zip Code	16417	
Full Name of Contributor		Joseph DePalma		Date [MM/DD/YYYY]	\$	800.00
House #	365	Street Address	East 37th St.	Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16504	

## 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:	20230039
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Full Name of Contributor		Date [MM/DD/YYYY]		\$
Anthony Santilippo		03/14/2023		650.00
House #	Street Address	Date [MM/DD/YYYY]		\$
2921	Flower Rd			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Erie	PA	16509		
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		20230039			
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
Paula Bowers				02/08/2023		300.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
1356	PARK STREET					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Sharon	PA	16146				
Employer Name			Occupation			
Retired			Retired			
Employer Mailing Address / Principal Place of Business						
Retired						

  

Full Name of Contributor				Date [MM/DD/YYYY]		\$
Charlie Bowers				02/08/2023		300.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
3040	valley view circle					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Erie	PA	16509				
Employer Name			Occupation			
Erie County			Deputy Sheriff			
Employer Mailing Address / Principal Place of Business						
140 W 6th St. Erie, PA 16501						

  

Full Name of Contributor				Date [MM/DD/YYYY]		\$
Randy Bowers				03/23/2023		500.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
560	ARBUCKLE Rd					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
ERIE	PA	16509				
Employer Name			Occupation			
Retired			Retired			
Employer Mailing Address / Principal Place of Business						
Retired						

  

Full Name of Contributor				Date [MM/DD/YYYY]		\$
Grant Travis				02/18/2023		500.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
102	LORNA Lane					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Edinboro	PA	16412				
Employer Name			Occupation			
The TRAVIS Law Firm			Attorney			
Employer Mailing Address / Principal Place of Business						
100 State St #210, Erie, PA 16507						



**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	20230039
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
Anthony "Buzz" Andrezecki				03/23/2023		500.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
3102	Wellington Rd.					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Erie	PA	16506				
Employer Name				Occupation		
Andrezecki Law				Attorney		
Employer Mailing Address / Principal Place of Business						
815 East 28th St Erie, PA 16504						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
Fundraiser / Misc.				03/23/2023		500.00
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 III  
Statement of Expenditures

Filer Identification Number:	20230039
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To Whom Paid		ERIE county / elections		Date [MM/DD/YYYY]	\$	100.00
House #	140	Street Address	West 6th St.	Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	Filing fee
To Whom Paid		New York Bagel & Deli		Date [MM/DD/YYYY]	\$	43.51
House #	3720	Street Address	West Lake Rd.	Description of Expenditure		
City	ERIE	State	PA	Zip Code	16505	Petition meeting
To Whom Paid		Faulkner's Screenprinting		Date [MM/DD/YYYY]	\$	1,103.50
House #	123	Street Address	Main St.	Description of Expenditure		
City	Girard	State	PA	Zip Code	16417	campaign shirts
To Whom Paid		Faulkner's Screenprinting		Date [MM/DD/YYYY]	\$	105.00
House #	123	Street Address	Main St	Description of Expenditure		
City	Girard	State	PA	Zip Code	16417	campaign shirts
To Whom Paid		UPrinting		Date [MM/DD/YYYY]	\$	102.13
House #	8000	Street Address	Haskell Ave	Description of Expenditure		
City	Van Nuys	State	CA	Zip Code	91406	campaign banner
To Whom Paid		Wacky Buttons		Date [MM/DD/YYYY]	\$	54.46
House #	101	Street Address	Lincoln Parkway Suite A	Description of Expenditure		
City	East Rochester	State	NY	Zip Code	14445	campaign pins
To Whom Paid		Sticker Giant		Date [MM/DD/YYYY]	\$	112.75
House #	880	Street Address	Weaver Park Rd.	Description of Expenditure		
City	Longmont	State	CO	Zip Code	80501	campaign stickers
To Whom Paid		Vistaprint		Date [MM/DD/YYYY]	\$	117.85
House #	275	Street Address	Wyman St	Description of Expenditure		
City	Waltham	State	MA	Zip Code	02451	campaign cards



**SCHEDULE III**  
**Statement of Expenditures**

Filer Identification Number:	20230039
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To Whom Paid	Vistaprint	Date [MM/DD/YYYY]	03/15/2023	\$	102.68
House #	875	Street Address	Wyman St	Description of Expenditure	
City	Waltham	State	MA	Zip Code	02451
campaign board					
To Whom Paid	Vistaprint	Date [MM/DD/YYYY]	04/16/2023	\$	527.74
House #	875	Street Address	Wyman St	Description of Expenditure	
City	Waltham	State	MA	Zip Code	02451
campaign signs					
To Whom Paid	Amazon	Date [MM/DD/YYYY]	04/03/2023	\$	158.99
House #	410	Street Address	Terry Ave N	Description of Expenditure	
City	Seattle	State	WA	Zip Code	98109
yard stakes (signs)					
To Whom Paid	Amazon	Date [MM/DD/YYYY]	04/16/2023	\$	132.49
House #	410	Street Address	Terry Ave N	Description of Expenditure	
City	Seattle	State	WA	Zip Code	98109
yard stakes (signs)					
To Whom Paid	Next Day Flyers	Date [MM/DD/YYYY]	04/11/2023	\$	295.95
House #	435	Street Address	N Midland Ave	Description of Expenditure	
City	Saddle Brook	State	NJ	Zip Code	07063
door handlers					
To Whom Paid	Lowes	Date [MM/DD/YYYY]	04/22/2023	\$	156.76
House #	2305	Street Address	Asbury Rd	Description of Expenditure	
City	Erie	State	PA	Zip Code	16506
sign materials					
To Whom Paid	Signs For Less	Date [MM/DD/YYYY]	04/21/2023	\$	545.00
House #	2633	Street Address	West 12th St	Description of Expenditure	
City	Erie	State	PA	Zip Code	16505
4 X 8 campaign signs					
To Whom Paid	The Barracks	Date [MM/DD/YYYY]	03/23/2023	\$	1,217.00
House #	1000	Street Address	Ridge Rd.	Description of Expenditure	
City	Sirard	State	PA	Zip Code	16417
campaign event					

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:

20230039

To Whom Paid		Country Fair			Date [MM/DD/YYYY]	\$
House #	308	Street Address	308 Main St W		04-22-2023	150.00
City	Girard	State	PA	Zip Code	16417	
Description of Expenditure					travel 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		
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		