

# Commonwealth of Pennsylvania - Campaign Finance Report

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

<b>Filer Identification Number</b>	92-2580769	<b>Report Filed By (Mark X)</b>	<input type="checkbox"/>	<b>Candidate</b>	<input type="checkbox"/>	<b>Committee</b>	<input checked="" type="checkbox"/>	<b>Lobbyist</b>	<input type="checkbox"/>
<b>Name of Filing Committee, Candidate or Lobbyist</b>		The Committee to Elect Sam Comfort							
<b>Street Address</b>		903 Linden Ave							
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505				

Type of Report (Place x under report type)

<b>1- 6<sup>th</sup> Tuesday Pre-Primary</b>	<b>2- 2<sup>nd</sup> Friday Pre-Primary</b>	<b>3- 30 Day Post Primary</b>	<b>4- 6<sup>th</sup> Tuesday Pre- Election</b>	<b>5- 2<sup>nd</sup> Friday Pre- Election</b>	<b>6- 30 Day Post Election</b>	<b>7- Annual</b>	<b>Special 2<sup>nd</sup> Friday Pre-Election</b>	<b>Special 30 Day Post-Election</b>
<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"/>
<b>Date Of Election (MM/DD/YYYY)</b>		05/16/2023	<b>Year</b>	2023	<b>Amendment Report</b>	<input type="checkbox"/>	<b>Termination Report</b>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/15/2023	04/30/2023	
<b>A. Amount Brought Forward From Last Report</b>	\$	0.00	<p style="text-align: center;">ERIE COUNTY</p> <p style="text-align: center;">MAY 05 2023</p> <p style="text-align: center;">VOTER REGISTRATION</p>
<b>B. Total Monetary Contributions and Receipts (From Schedule I)</b>	\$	1809.40	
<b>C. Total Funds Available (Sum of Lines A and B)</b>	\$	1809.40	
<b>D. Total Expenditures (From Schedule III)</b>	\$	1508.49	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>	\$	300.91	
<b>F. Value of In-Kind Contributions Received (From Schedule II)</b>	\$	5140.00	
<b>G. Unpaid Debts and Obligations (From Schedule IV)</b>	\$	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 paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

29 day of April 20 23

Averie Shaughnessy-Comfort  
Digitally signed by Averie Shaughnessy-Comfort  
 Date: 2023.04.29 21:22:05 -04'00'

Signature

My Commission expires

MO. DAY YR.

Averie Shaughnessy-Comfort  
Digitally signed by Averie Shaughnessy-Comfort  
 Date: 2023.04.29 21:22:17 -04'00'

Signature of Person Submitting report

Averie Shaughnessy-Comfort

Printed Name

412

Area Code

310-7999

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

29 day of April 20 23

Signature

My Commission expires

MO. DAY YR.

Signature of Candidate

Samuel D. Comfort

Printed Name

814

Area Code

480-9869

Daytime Telephone Number



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

<b>Filer Identification Number</b>	92-2580769	
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 374.74

  

<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	250.00
All Other Contributions (Part B)	\$	682.66
Total for the reporting period	(2)	\$ 934.66

  

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	500.00
Total for the reporting period	(3)	\$ 500.00

  

<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$ 0.00
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>		\$ 1809.40



**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.

<b>Filer Identification Number</b>		92-2580769							
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										Amount	
<b>Full Name of Contributing Committee</b>				The Committee to Elect Kim Clear				<b>Date [MM/DD/YYYY]</b>	\$	250.00	
								04/19/2023			
<b>House #</b>	4855	<b>Street Address</b>		Asbury Rd				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	<b>Date [MM/DD/YYYY]</b>		\$			
<b>Full Name of Contributing Committee</b>								<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$			
<b>Full Name of Contributing Committee</b>								<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$			
<b>Full Name of Contributing Committee</b>								<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$			
<b>Full Name of Contributing Committee</b>								<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$			
<b>Full Name of Contributing Committee</b>								<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$			



## 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		92-2580769					
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Full Name of Contributor		Deborah Lohr				Date (MM/DD/YYYY)	03/27/2023	\$	100.00
House #	138	Street Address		Norman Way		Date (MM/DD/YYYY)		\$	
City	Erie	State	PA	Zip Code	16508	Date (MM/DD/YYYY)		\$	

  

Full Name of Contributor		Beth Shaughnessy				Date (MM/DD/YYYY)	03/24/2023	\$	240.52
House #	106	Street Address		Donley Dr		Date (MM/DD/YYYY)		\$	
City	Monroeville	State	PA	Zip Code	15146	Date (MM/DD/YYYY)		\$	

  

Full Name of Contributor		Kathy Fatica				Date (MM/DD/YYYY)		\$	150.00
House #	4623	Street Address		Southern Dr		Date (MM/DD/YYYY)		\$	
City	Erie	State	PA	Zip Code	16506	Date (MM/DD/YYYY)		\$	

  

Full Name of Contributor		Kristy Gnibus				Date (MM/DD/YYYY)	03/22/2023	\$	96.07
House #	2663	Street Address		W 6th		Date (MM/DD/YYYY)		\$	
City	Erie	State	PA	Zip Code	16505	Date (MM/DD/YYYY)		\$	

  

Full Name of Contributor		Erinn Brozewicz				Date (MM/DD/YYYY)	03/25/2023	\$	100.00
House #	108	Street Address		Conneauttee Dr		Date (MM/DD/YYYY)		\$	
City	Edinboro	State	PA	Zip Code	16412	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: 92-2580769
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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 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)**

<b>File Identification Number</b>	92-2580769
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
Sam Comfort and Averie Shaughnessy-Comfort					03/15/2023		500.00
<b>House #</b>	903	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
		Linden Ave					
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address // Principal Place of Business</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>\$</b>
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address // Principal Place of Business</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>\$</b>
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address // Principal Place of Business</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>\$</b>
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address // Principal Place of Business</b>							



## 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.

File Identification Number	92-2580769
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Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]		S
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]		S
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]		S
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]		S
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]		S
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:	92-2580769
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 15.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 125.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 5000.00

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)		\$ 5140.00
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**SCHEDULE II  
PART F**

**In-Kind Contributions Received**

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

<b>Filer Identification Number</b>	92-2580769
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>S</b>	
ETD Photography					03/15/2023			125.00
<b>House #</b>	1001	<b>Street Address</b>	State St, #907		<b>Date [MM/DD/YYYY]</b>		<b>S</b>	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	<b>Date [MM/DD/YYYY]</b>		<b>S</b>
<b>Description of Contribution</b>					In Kind Donation of Photo Shoot for Head shots			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>S</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>S</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>S</b>
<b>Description of Contribution</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>S</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>S</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>S</b>
<b>Description of Contribution</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>S</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>S</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>S</b>
<b>Description of Contribution</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>S</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>S</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>S</b>
<b>Description of Contribution</b>								



**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

<b>Filer Identification Number:</b>	92-2580769
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<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
Tim Vickey						03/15/2023			5000.00
<b>House #</b>	900	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
		State St Suite 301-C							
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>Employer Name</b>				Next Chapters		<b>Occupation</b>		Founder	
<b>Employer Mailing Address / Principal Place of Business</b>				900 State St Suite 301-C, Erie PA 16501		<b>Description of Contribution</b>		Website Development and Email Migr:	
<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>\$</b>	
<b>Employer Name</b>						<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</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>\$</b>	
<b>Employer Name</b>						<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</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>\$</b>	
<b>Employer Name</b>						<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>						<b>Description of Contribution</b>			



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

<b>Filer Identification Number:</b>	92-2580769
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<b>To Whom Paid</b>	Venmo	<b>Date [MM/DD/YYYY]</b>	03/16/2023	<b>\$</b>	.41	
<b>House #</b>	95	<b>Street Address</b>	Morton St, 5th Floor			
<b>City</b>	New York	<b>State</b>	NY	<b>Zip Code</b>	10014	
<b>Description of Expenditure</b> Venmo Verification						
<b>To Whom Paid</b>	Presque Isle Printing	<b>Date [MM/DD/YYYY]</b>	03/21/2023	<b>\$</b>	47.70	
<b>House #</b>	4318	<b>Street Address</b>	West Ridge Rd			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	
<b>Description of Expenditure</b> Printing for Literature						
<b>To Whom Paid</b>	Desantis Signs	<b>Date [MM/DD/YYYY]</b>	03/22/2023	<b>\$</b>	137.50	
<b>House #</b>	540	<b>Street Address</b>	W 18th St			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502	
<b>Description of Expenditure</b> Rally Signs and Buttons						
<b>To Whom Paid</b>	Capitol Promotions	<b>Date [MM/DD/YYYY]</b>	04/13/2023	<b>\$</b>	1275.18	
<b>House #</b>	231	<b>Street Address</b>	PO Box 231			
<b>City</b>	Glenside	<b>State</b>	PA	<b>Zip Code</b>	19038	
<b>Description of Expenditure</b> Yard Signs and Posts						
<b>To Whom Paid</b>	Presque Isle Printing	<b>Date [MM/DD/YYYY]</b>	04/26/2023	<b>\$</b>	47.70	
<b>House #</b>	4318	<b>Street Address</b>	West Ridge Rd			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	
<b>Description of Expenditure</b> Reprint of Literature						
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		
<b>House #</b>		<b>Street Address</b>				
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>Description of Expenditure</b>						
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		
<b>House #</b>		<b>Street Address</b>				
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>Description of Expenditure</b>						
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		
<b>House #</b>		<b>Street Address</b>				
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>Description of Expenditure</b>						



**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	92-2580769
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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						







**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

*Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.*

Name of Filing Committee, Candidate, or Lobbyist				
The Committee to Elect Sam Comfort				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	<input checked="" type="checkbox"/> Cycle 2 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Averie Shaughnessy - Comfort  
Signature of Treasurer, Candidate, or Lobbyist

Averie Shaughnessy - Comfort  
Printed Name

08/05/2023  
Date (DD/MM/YYYY)

Eric, PA, USA  
Location (City/State/Country)



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*Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.*

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.**

*Sam D. Comfort*  
Signature of Treasurer, Candidate, or Lobbyist

08/05/2023  
Date (DD/MM/YYYY)

Samuel D. Comfort  
Printed Name

Erie, PA, USA  
Location (City/State/Country)