

#### Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	Report Filed I		te .	Committee		Lobbyist
Number Name of Filing Committee, Candidate	( Mark X)		رسه	010		
Lobbyist	tries	us to	Elect	CHEYV	1 Const	OCK_
Street Address	90	151 Oli	d Rou	ke, 9	9	
city UCKE	lan.	State	PA	Zip Code	16436	7
Type of Report (Place x under report t	type)					
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Pre-Primary Pre-Primary Prima		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
Date Of Election (MM/DD/YYYY)	// Year	2023	Amendment Report	X	Termination Report	
The production of the producti	Date To Date	Barriago de la composição		For	Office Use Only	
Expenditures PA	2/22 15/	2122				
A, Amount Brought Forward From La	st Report \$	0		10 400 5	<ul><li>(******) (17.15) かかい * あがい * 数でいる * 数でいる。</li></ul>	and the second s
B. Total Monetary Contributions and (From Schedule I)	Receipts \$ 710	6.45				
C. Total Funds Available (Sum of Lines A and B)	5-110	1045			\$	28
D: Total Expenditures	\$ 1.66	4 82			Hir	023 HAY
(From Schedule III) E. Ending Cash Balance	QQQ	70.00				7
(Subtract Line D from Line C)	$ \mathcal{O}(\mathcal{C}) $	5.63	!		<b>.</b>	<b>.</b>
F. Value of In-Kind Contributions Reco (From Schedule II)	eived \$ X				95	<b>-</b> P
G. Unpaid Debts and Obligations (From Schedule IV)	\$ -21	12 90			₽₹	PH IS:
	6 (	O O Affiela Bit Sec	tion		2	<u> </u>
Part 1- if this is a Committee report, treasure swear (or affirm) that this report, including				ge and belief tr	ue. correct and comple	te.
Sworn to and subscribed before me this	nsylv	<u>8.2 m</u> 0 0 1	_ /	~ ~ ,,	1.1	· ·
day of 5 20_	23 · Pal	Fennsylva Craker, No Erie County n expires Ar	Duece	of Bosson Subse	alker	<del>_</del>
Legary less flat	<u> </u>	ennsylvan aker, No aCounty xpires Au	Julia		itting report Walker	
Signature 9 - 14	2023 · lation	nia - Nota hary Publ lary Publ 1347046	3,4	Printed Name	76 7369	
My Commission expires MO. DAY	2023 Ration of No.	wia - Notary lary Public lary 14, 2 1347046	rea Code		time Telephone Numbe	<u></u>
Part II- If this is a report of a Candidate's A	<u>ಷ್ಟ್</u> uthorized Committee, cagic	idate shall sign he				,
I swear (or affirm) that to the best of my kn amended.	nowledge and belief this pol	itical committee h	as not violated any	provisions of t	ne Act of June 3, 1937 (	P.L. 1333, NO.320) as
Sworn to and subscribed before me this	<b>G</b>	**				
4 day of 5	23		G.,	<del></del>		
Lung Cost Grat	<u> </u>	_	(3ph	ature of Sandid	mach Ch	
Signature	n.a.		7	Printed Name		<del></del> -
My Commission expires 8 1/6	0023		8 <i>14</i>	50	4-3944	, 
MO. DAY	YR.	Ar	rea Code	Dayti	me Telephone Number	

Commonwealth of Pennsylvania - Notary Seal Lynn Case-Craker, Notary Public Erie County

Erie County
My commission expires August 14, 2023

Commission number 1347046

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

1. Unitermized Contributions and Receipts \$50,00%	or Less per Contributor			-0 9
	Total for the reporting period	(1)	\$ 40.45	
2. Contributions of \$50.01 to \$250.00 (Frames Part A and Part B)		£5		
Contributions Received from Political Committees (	(Part A)		\$ X	country.
All Other Contributions (Part B)		$\dashv$	\$ 800.00	<del></del>
<b>1</b>	Total for the reporting period	(2)	\$ 860.00	
3. Contributions Over \$250.00 (From Part Cand P	lant D)			·
contributions Received from Political Committees (	(Part C)		\$ N	4,1
ll Other Contributions (Part D)			\$ 4000.00	<del></del>
Tc	otal for the reporting period	(3)	\$ 4000 00	<del></del>

Total for the reporting period

*2326.00* 7166.45

4: Other Receipts-Refunds, Interest Earned, Returned Checks, ETC: (From Part E)

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)

#### 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.

	Triend	L to Elect	Chern Comst	OCK
	-			Amount
Full Name of Contributing Committee .			Date IMM/DD/AYAY)	§ X
House# ! Street Add	réss T		Date (MM/DD/YYYY)	
City :	State	Zip Gode	_pater[MM/DD/YYYY]	<b>5</b>
Full Name of Contributing			Date MM/DD/AYAY	. \$ . . <b> </b>
House# Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Gode 😅	Date [MM/DD/YYYY]	1
Full Name of Contributing		100 mm 1	-Date [MM/Db/YYYY]	ASR .
Committee				
			Date [MM/DD/YYYY]	
ichy i	Stäte	Zip Code	Date (MM/DD/\\\\\\)	\$ 
Full Name of Contributing			Date [MM/DD/YYY4]	\$
House# Street Addr	ess	•	Date [MM/DD/XYXX]	\$
City	#State	Zip Code	Date [MM/DD/YYYY]	Š.
Full Name of Contributing: Committee			Date [MM/DD/YYYY]	
House # Street Addre	<b>955</b>		Date [MM/DB/YYYY]	<b>(\$</b>
Gity .	State	Zip Gode ₹	Date (MM/DD/YYY)	\$ \$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	<b>5</b>
House # Street Addre		<u>, , , , , , , , , , , , , , , , , , , </u>	Date [MM/DD/YYYY]	<b>\$</b>
City	State	Zip Code	Date [MM/DD/YYYY)	\$
		110 20 20 20 20 20 20 20 20 20 20 20 20 20		

#### **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.)

Fler dentification Number

是证券管理等	Griands 4	r Elect (M	eryl Comst	ock
* 9014	Sulia Wares Old Ro	rube 99	Date [MM/DD/YYYY]	200.00
" Mckea	n state PA	21p Code 14436	Date (MIM)/DD/YYYY)	
Full Name of Contributor	D. David He		04/08/3003	150.00
10330	reet Address Old R	oute 99	Apare (VIVV) od Araka)	
I MCKea		219 Code 14436	Date MM/DD/AAA4	
Full Name of Contributor	Brenda C		Date [MM//DD/YYYY] S D4/2-1/2-1/2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	250.00
1240	ceet Address Blaver	Drive.	Datestylkylopitus	
Erie	State PA	2ip. Cg8le 14509	Date IMM/DD/YYYYAZE \$	
Full Name of Contributor  House #5	Ernest Btz		Date [MIM/DB/MM] S	100.00
2134	Zinn	erly Rd	05/03/2023	100.00
Enie	State PA	Zig_Eode 14609	Date IMIN/CD/XXXXIII S	
Full Name of Contributor			Jeate (MM/Job/AAM)	
House # Str	eet Address		Date [MM//DD/YYYY] \$	
City2	State	*Zip Code *	Date [MM/DD/YYYY] \$	
Full Name of Contributor		g_ leaders and an action of the control of the cont	Date (MM/DD/AMAM)\$	
	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code 3	Date [MM/DD/YYYY] . S	

#### 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:	Tends	to Elect Che	rul Comstock	
Full:Name of Full:			Date IMM/DD/AMM/	×ð
House# Street Address			Date [MM/DD//Y/YY] \$	
env ,	Stape	, <b>∠lp.Code</b>	Date [MM/DD/YYYX]	
Full Name of Contributing Committee			Date (MINI/DD/YYYY)	· · · · · · · · · · · · · · · · · · ·
House'# Street Address	-		Date [MIM/DD/AYYY] S	· · · · · · · · · · · · · · · · · · ·
Giv.	AState.	Zip Gode	Date (MM/DD/YYYY) \$	
Full Name of Contributing Committee			Date (MM//pd/AYY) S	
House # Street Address	Te-sa		Date [MM/DD/YYA] 5	
Gity	States	Zip Gode	Date [MM/DD/YYYY] S Date [MM/DD/YYYY] SS	
Contributing Committee  House # Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM//DD//YYY]: \$	
Gly S	State	Zip Code	Date [MM/DD/XYYV]   5	
Full Name of ## ## Contributing Committee			Date (IVIM)/DD/AYAY,   €	
AHOUSE # Street Address	· · · · · · · · · · · · · · · · · · ·	<del>-</del> :	Date (MM/DD/YYYY)	
City	State	Zip Code	Date [MM/DD/XYXY] 5	
Full Name of Contributing Committee			Date [MM/OD/AYYA] 45	
Houself Street Address	A Constitution of the Cons		Date [MM/DD/YYYY] \$	
(CHT)	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)

Niler (dentification Number)	Friends	to Elect	Cherul	Constock	
	T .	·			·

Full Name of Contributor	Chery 1 Come	Lock	OH/U/2023	3500.00
House # 9467 Street	Paddress Old Roll	ute 99	Date (MM/DD/AYA)	\$
McKean	State PA	Zip Code 16434	Date [MM/DD/YYYY]	<u> </u>
Employer Name	Mucreek	township	Occupation TAC	HEICER
Employer (nailing/Additess/) RandipantPlaceor (dusines)	3608 WEST	36 Street Fr	e. PA 16506	•
	Danielle 3	izrarro	04/21/3023	500.00
House # Street	2 immerly	1 Road	(Date [MIM/DD/XXXVI]	<b>\$</b>
Erre	State. PA	Zip.code 14509	Date [MM/DD/YYYY]	
Employer Name 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			©scupation 4	
Employer Mailing Address /- Principal Place of Business				
Rull Name of Contributor			@ate (MM/(db/AYYM)	
	Address	N.	Date [MM/DD/YYYY]	
Give	-State	Zip Code	Date [MM/DD/XYYY]	
Employer Name		Printing appears a series of the series of	Occupation	**************************************
Employer Mailing Address / Principal Place of Business				
FUIRName of Contributor			Pate (MM/DD/YYYY)	
	Address		Date [MM/DD/YYYY)	
Giv.	State	Zip Code	Date [MM/DD/YYYY]	
Binployer Name	N. N. S.		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.

File) Identification Number,	Friends to Efect Cheryl Comstock
FüllName 3.5	Brink Ink Golk Brinker
12 15430 dw -	Edinboro PA code 16412 04/12/2023 100.00
Receipt Description 13	Brink Ink Go LISA Brinker
	Pet Address Rt LON P.O. BOX 553
Receipt Description :	Edinboro PA COSCE 16412 04/14/2023 2226.00 Refrend for invoice #4042023 Sign Cobr (incorrect
Fouse# 540 Stee	Desartis Signs + Graphics, INC
City .	Frie PA Gode 14502 04/11/2028 \$ 1806.24
Receipt Descriptions	Uncollected Funds - Chelle re-issued.
House # Stre	State Zip Date [MM/QD/YYY] S
Receipt Description	Code
EUII Nome E	et Address
Gity 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State Zip Date MM/DD/YYYY \$
Receipt Description	
House # Stre	States Zip 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 Triends to E	lect	- Chery	1 Constock
A. I. JUNITEMIZED IN KIND CONTRIBUTIONS RECEIVED VALUE OF \$5	OUDORL	ESS DERCONTRIBU	TOR THE THE TOTAL THE TOTA
TOTAL for the reporting period (1)	\$	Q	
TOTAL for the reporting period (2)	\$ \$	MIPARTIF) F	
3. IN KIND CONTRIBUTION RECEIVED VALUE INVERSES OF THE TOTAL for the reporting period (3)	M PART G	× i	
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)	\$	X	

## SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

IFiler Identification Number 8	Friends	to	Elect	Chernl	Constock	
					<del></del>	

Full Name of Contributor		Date [MM/(DD/YYYY] \$
House # Street Address	1 1000000000000000000000000000000000000	Date (MM/OD/YYYY) \$
S(ty)	State Zip Code :	Date (MM/DD/YYY) \$
Description of Contribution		
TUII Name of Contributors	·	1 Date (MM/DD/A/Ye)) \$
House # Street Address		Date (MM/DD/YYYY) \$
Sity	State Zip Code :	Date [MM/(0D/YYYY)] \$
Description of Contribution 3:		
Full Name of Contributor		Date [M/N/DD/W/YY]
House # Street Address	3	Date [MM/DD/YYYY]。 等
City:	State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		
Full Name of Contributor		Date (MM//DD/YYY) \$
House # Street Address		Date (MM),DD/YYYY] \$
City E 8	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	Pate [MM/DD/AYY]
Description of Contribution		

## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

THE COUNTY OF TH	Filer Identification Number :	Friends	to Elect	Chernl	Consort	
	<del></del>					_

EulliName of Contributors	Date [MM/DD/YYYY] #\$
House # Street Address	Date [MM/DD/YYYY] \$
State Zip Code :	Date [MM/DD/YYYY] \$
EmployerName	Occupation
Employer Mailing Address / Principal 2 Place of Business 2 2 2	Description of a Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Datë [MN/OD/YYYY]
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/YYM]
House # Street Address	Date [MM/DD/YY//] = 5.
City State ZipiCode	Date [MM/DD/YYYY)] \$
Employer Name	Occupation:
Employer Mailling Address / Principal  Rigger of Business	Description  of  Contribution
Full Name of Contributor.	Date (M)M//DD//XYYY) \$5
House # Street Address	Date [MM/DD/YYY] \$
City State Zip Gode	-Date [MM/DD/YYYY] \$
Employer Name.	Occupation
Employer Mailing Address / Principal. Place of Business	Description of Contribution

# Statement of Expenditures

Friends to Elect Chery 1 Constack

· ·	
House # 2145 Succes Address Fast lake Road	Date (MM/DD/YYYY) \$ 19.45 Description of Experiditure
Giff Erie PA Gode 14511	Checks (Banking)
Brink Tik	04/U(2028 3201.20
City FAINGARD Street Address Rt. (N P.O. Box 553)	Description of Expenditure
	Thvoice # 4042023
House # 1451 Street Address Peach Street	Description of Expenditure  Description of Expenditure
Giby Erie State PA Gode 16509	Materials for signs
To Whomipaid DeSantis Signs + Graducs Inc	04/26/2033 1806.24
House # 540 Street Address West 18 Street  State Ou Zip 4 4 5000	Description of Expenditure 1
FOR State PA Code 16503	Signs Date Ham/OD/MMM \$
The UPS Store #5155	04/26/2023 3/8-00 Description of Expenditure
501 Street Address West 12 Street  State PA Coge 16505	Post cards
To Whom Paid USPS	0418 3023 673.00
House # 2711 Street Address Legion Road	Description of Expenditure
Fre 500 PA 6000 16506	Postage Stamps
The UPS Store #5155	05/01(2023 42.40 Description of Expenditure
City Frie State PA Zip Gode 14505	Event Tickets/Flyers
To-Whom Paid Billy Wager	Date   MM/PD/XYXVIII   5   105.00
House # 2127 Street Address Lorwood Drive	Description of Expenditure
City Erie State PA Code 11510	Gradier Design.

# Statement of Expenditures

## Friends to Elect Cheryl Comstock

To Whom Paid	Santis Signs	· 1 Green dator.	Date (MM/D		129.70
	Address Months	+Graphics:	THC 05/03/ Descriptions	2025	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State On	STYLLY Zipiz 1650 Coode 1650	172 1119 0		
FML TOWNSHAID	<b>三</b>	Code (VO	4X 0 to	anner t	Check Fee
and the	m Szyman	Ski		003	55.00
House # 9146 Street	Address Gladgi	Drive	Description		
* lake City	1 State PA	ZIP 104			ventslio
To Whomiliaid. Th	e Tri-State	Serior News	5 051031	2023 ·	270.00
House # Street	Address P.O. BOX	3056	Descriptionic	atexpenditure at	
en Erre	state: PA	code 165		re Ad	
To Whom Paid			Poate (MM/o)	D/AXAAA) \$	
House # Street	Address		Description o	f Expenditure	
Gity	State	Zip. E., Code			
To)WitomPald	and property of the control of the c		Pate (MM/o	D/MAMI S	
House # Street.	Address		Description o	f Expenditure	
Civ	State	Zip			
To Whom Paid			Pare MW//D	S. [nonce	
House # Street	Address	e starn.	Description o	f Expenditure	
City	State	Zip: Gode			
To Whom Paid			Date (MM/0	D/XYXYA 1 \$	
House # Street	Address		Destription of	f Experiditure	
City	State	Z[p			
To Whom Paid			Date (MW/D	D/YYYY] S	
House # Street	Address		Description o	f Expenditure	
City	State	¿Zip: "Códe		200	

#### 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 Iden/Incation Numbers	4nen	as to	Elect	Cheryl	Constock	·-····

Name of Creditor		(Outstand)ng Balancezor Debt
	eet Address DATE DEBT INCURRED	contestan(i)))(Contestant)
1 11651	1 Old Route 99 301/2008	100.00
Giv	Mckean State PA Code 1486	
Description of Debt	tiling tees	. •
Name of Creditor:	(MARIA) COMISTOCK	Outstanding Balance of Dept
	Set Address  DATE DEBT INCURRED:  [MM/DD/Y/M]	\$
9(6)	08/31/2023	20.45
	Mckean State PA Godin 16426	00.70
Description of Dept	Bank tocount Set up + Checks	*
Manteo (ojedno)		Quistanding Balance of Debt 3
	CALLY CONSTOCK	\$)
961	Old Route 99 Minn/po/min	98.50
GIV.	Whohai is states On The Hole	[0.50
Description of Debt	MCK-CAN PA Gode 16426	
Namelo/Greditor-14	Super Voter list Fees	vielusiamoline Ballahnason Deinesse
· 第二十二章 第二章 第二章 第二章 第二章 第二章 第二章 第二章 第二章 第二章 第	et Address DATE DEBT INCURRED	1
9651	Old Route 99 IMM/DOMYY)	
City I		3500.00
Description of Debt		
	Loan to Committee	
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address [MM/DD/YYYY]	
是 City,多	State: Zip	
	Code	
Description of Debt		
Name of Grediton, ( )		Outstanding Balance of Debt
House # Stre	et Address  DATE DEBT INCURRED  [MM/DD/YYYY]	
City 1	State Zip Code:	
Description of Debt		
The state of the s		•