



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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends to Elect Cheryl Comstock					
Street Address		9051 Old Route 99					
City	State	Zip Code					
McKean	PA	16426					

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 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)		Year	Amendment Report		Termination Report			
05/16		2023	<input checked="" type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/31/23	05/13/23	
	A. Amount Brought Forward From Last Report	\$ 0	
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 7166.45	
	C. Total Funds Available (Sum of Lines A and B)	\$ 7166.45	
	D. Total Expenditures (From Schedule III)	\$ 6660.82	
	E. Ending Cash Balance (Subtract Line D from Line C)	\$ 505.63	
	F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ -3718.95		

2023 MAY -4 PM 12:31  
ERIE COUNTY  
VOTER REGISTRATION

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 annexes, is true to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

4 day of 5 20 23

Lynn Case-Craker

Signature

My Commission expires 8 -14 2023

MO. DAY YR.

Affidavit Section

Erie County

Lynn Case-Craker, Notary Public

Commission expires August 14, 2023

Commission number 1347046

Signature of Person Submitting report

Julia A. Walker

Printed Name

814 476 7369

Area Code 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

4 day of 5 20 23

Lynn Case-Craker

Signature

My Commission expires 8 -14 2023

MO. DAY YR.

Signature of Candidate

Cheryl Comstock

Printed Name

814 504-3944

Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
Lynn Case-Craker, Notary Public  
Erie County  
My commission expires August 14, 2023  
Commission number 1347046

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

Filer Identification Number		<i>Friends to Elect Cheryl Comstock</i>	
<b>1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ <i>40.45</i>
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	<i>X</i>
All Other Contributions (Part B)		\$	<i>800.00</i>
Total for the reporting period		(2)	\$ <i>800.00</i>
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	<i>X</i>
All Other Contributions (Part D)		\$	<i>4000.00</i>
Total for the reporting period		(3)	\$ <i>4000.00</i>
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$ <i>2326.00</i>
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)		\$	<i>7166.45</i>

## 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		<i>Friends to Elect Cheryl Comstock</i>						Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	<i>2</i>	
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		Friends to Elect Cheryl Comstock			
Full Name of Contributor		Julia Walker		Date [MM/DD/YYYY]	\$ 200.00
House #	9644	Street Address	Old Route 99	Date [MM/DD/YYYY]	\$
City	Mckean	State	PA	Zip Code	16426
Full Name of Contributor		D. David Hayes		Date [MM/DD/YYYY]	\$ 150.00
House #	10380	Street Address	Old Route 99	Date [MM/DD/YYYY]	\$
City	Mckean	State	PA	Zip Code	16426
Full Name of Contributor		Brenda Comstock		Date [MM/DD/YYYY]	\$ 250.00
House #	1240	Street Address	Beaver Drive	Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16509
Full Name of Contributor		Ernest Bizzarro		Date [MM/DD/YYYY]	\$ 100.00
House #	213A	Street Address	Zimmerly Rd	Date [MM/DD/YYYY]	\$ 100.00
City	Erie	State	PA	Zip Code	16509
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #		Street Address		Date [MM/DD/YYYY]	\$
City		State		Zip Code	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #		Street Address		Date [MM/DD/YYYY]	\$
City		State		Zip Code	

**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										Friends to Elect Cheryl Comstock																														
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$	2																			
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]										\$
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)

Filer Identification Number	<i>Friends to Elect Cheryl Comstock</i>
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Full Name of Contributor	<i>Cheryl Comstock</i>	Date [MM/DD/YYYY]	<i>04/14/2023</i>	\$	<i>3500.00</i>		
House #	<i>9651</i>	Street Address	<i>Old Route 99</i>	Date [MM/DD/YYYY]	\$		
City	<i>Mckean</i>	State	<i>PA</i>	Zip Code	<i>16426</i>	Date [MM/DD/YYYY]	\$
Employer Name	<i>Hillcreek Township</i>	Occupation	<i>TAC OFFICER</i>				
Employer Mailing Address / Principal Place of Business	<i>3608 West 26 Street, Erie, PA 16506</i>						

Full Name of Contributor	<i>Danielle Bizzarro</i>	Date [MM/DD/YYYY]	<i>04/21/2023</i>	\$	<i>500.00</i>		
House #	<i>2132</i>	Street Address	<i>Zimmerly Road</i>	Date [MM/DD/YYYY]	\$		
City	<i>Erie</i>	State	<i>PA</i>	Zip Code	<i>16509</i>	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							



## 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: Friends to Elect Cheryl Cornstock									
Full Name: Brink Ink, c/o Lisa Brinker									
House #		Street Address: Rt 6N P.O. Box 552							
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Edinboro		PA		16412		04/13/2023		100.00	
Receipt Description: Refund for banner color (incorrect)									
Full Name: Brink Ink c/o Lisa Brinker									
House #		Street Address: Rt. 6N P.O. Box 552							
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Edinboro		PA		16412		04/14/2023		2226.00	
Receipt Description: Refund for invoice #4042023 Sign Color (incorrect)									
Full Name: DeSantis Signs + Graphics, Inc									
House #		Street Address: West 18 Street							
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Erie		PA		16502		04/17/2023		1806.24	
Receipt Description: Uncollected Funds - Check re-issued.									
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	<i>Friends to Elect Cheryl Comstock</i>
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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)	\$	<i>0</i>

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

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period (3)	\$	<i>0</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)	\$	<i>0</i>
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**SCHEDULE II**

**PART F**

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Friends to Elect Cheryl Comstock
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Full Name of Contributor				Date (MM/DD/YYYY)		\$	
House #				Date (MM/DD/YYYY)			
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 #				Date (MM/DD/YYYY)			
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 #				Date (MM/DD/YYYY)			
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 #				Date (MM/DD/YYYY)			
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 #				Date (MM/DD/YYYY)			
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:	Friends to Elect Cheryl Comstock
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	2	
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				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]	\$	
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		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		Date [MM/DD/YYYY]	\$	
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: Friends to Elect Cheryl Cornstock

To Whom Paid	Harland Clarke 90 Widget Financial			Date [MM/DD/YYYY]	04/06/2023	\$	19.45
House #	2145	Street Address	East Lake Road	Description of Expenditure			
City	Erie	State	PA	Zip Code	16511	Checks (Banking)	
To Whom Paid	Brink Ink			Date [MM/DD/YYYY]	04/11/2023	\$	3201.20
House #	5130	Street Address	Rt. 6N P.O. Box 552	Description of Expenditure			
City	Edinboro	State	PA	Zip Code	16412	Invoice # 4042023	
To Whom Paid	Home Depot			Date [MM/DD/YYYY]	04/19/2023	\$	41.83
House #	7451	Street Address	Peach Street	Description of Expenditure			
City	Erie	State	PA	Zip Code	16509	Materials for signs	
To Whom Paid	DeSantis Signs & Graphics Inc			Date [MM/DD/YYYY]	04/26/2023	\$	1806.24
House #	540	Street Address	West 18 Street	Description of Expenditure			
City	Erie	State	PA	Zip Code	16502	Signs	
To Whom Paid	The UPS Store #5155			Date [MM/DD/YYYY]	04/26/2023	\$	318.00
House #	2501	Street Address	West 12 Street	Description of Expenditure			
City	Erie	State	PA	Zip Code	16505	Post cards	
To Whom Paid	USPS			Date [MM/DD/YYYY]	04/28/2023	\$	672.00
House #	2711	Street Address	Legion Road	Description of Expenditure			
City	Erie	State	PA	Zip Code	16506	Postage Stamps	
To Whom Paid	The UPS Store #5155			Date [MM/DD/YYYY]	05/01/2023	\$	42.40
House #	2501	Street Address	West 12 Street	Description of Expenditure			
City	Erie	State	PA	Zip Code	16505	Event Tickets/Flyers	
To Whom Paid	Billy Wager			Date [MM/DD/YYYY]	05/01/2023	\$	105.00
House #	2127	Street Address	Lorwood Drive	Description of Expenditure			
City	Erie	State	PA	Zip Code	16510	Graphic Design	

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

File Identification Number: Friends to Elect Cheryl Comstock

To Whom Paid		DeSanti's Signs + Graphics Inc		Date [MM/DD/YYYY]	05/02/2023	\$	129.70
House #	540	Street Address	West 18 Street	Description of Expenditure			
City	Erle	State	PA	Zip Code	16502	4x8 Banner + Check Fee	
To Whom Paid		Pam Szymanski		Date [MM/DD/YYYY]	05/02/2023	\$	55.00
House #	9146	Street Address	Emagi Drive	Description of Expenditure			
City	Lake City	State	PA	Zip Code	16423	Wreaths for Event 5/10	
To Whom Paid		The Tri-State Senior News		Date [MM/DD/YYYY]	05/03/2023	\$	270.00
House #	—	Street Address	P.O. Box 3056	Description of Expenditure			
City	Erle	State	PA	Zip Code	16508	1/4 Page Ad	
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	Friends to Elect Cheryl Comstock
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Name of Creditor: Cheryl Comstock					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$	100.00		
9651	Old Route 99	03/07/2023				
City	McKean	State	PA	Zip Code	16426	
Description of Debt: Filing Fees						

Name of Creditor: Cheryl Comstock					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$	20.45		
9651	Old Route 99	03/31/2023				
City	McKean	State	PA	Zip Code	16426	
Description of Debt: Bank Account Set up + Checks						

Name of Creditor: Cheryl Comstock					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$	98.50		
9651	Old Route 99	03/31/2023				
City	McKean	State	PA	Zip Code	16426	
Description of Debt: Super Voter list fees						

Name of Creditor: Cheryl Comstock					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$	3500.00		
9651	Old Route 99					
City	McKean	State	PA	Zip Code	16426	
Description of Debt: Loan to Committee						

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:						