Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		ort Filed By ark X)	Candida	te 🔽	Committee		Lobbyist
Name of Filing Committee, Candid		Moder	10 m	W Inte	<u> </u>		
Lobbyist Street Address		0651	1/1/	Park	Oa		-
City LCI	Pan.	7001	State	PA	Zip Code	16456	
Type of Report (Place x under repo			'				
			2 nd Friday - 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)	5/16 Yea		123	Amendment Report	X	Termination Report	
Summary of Receipts and Expenditures	om Date	To Date	133		For	Office Use Only	
A. Amount Brought Forward From	Last Report	X	00		· .		<u>a an a dinampani di Galler</u>
B. Total Monetary Contributions a (From Schedule I)		X				~	29
C. Total Funds Available (Sum of Lines A and B)		الع الأ				9	3
D. Total Expenditures (From Schedule III)		3718.	95			اند ند انت انت	2023 MAY -4
E. Ending Cash Balance (Subtract Line D from Line C)		72				90	
F. Value of In-Kind Contributions R	eceived :	× × ×					PM 12:
(From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)		-3118	395			AT O	ယ
(Trom Senedale 14)			Affidavit Sec	tion			
Part 1- If this is a Committee report, tre I swear (or affirm) that this report, inclu					ge and belief tr	ue, correct and comple	te.
Sworn to and subscribed before me this				·		·	
day of	20	1		Signature	of Person Subm	itting report	
Signature		<u> </u>		Jigitature (Printed Nam		· .
_		. !			rinted Nam	.	
My Commission expiresMO. I	DAY YR.		A	rea Code	Day	time Telephone Numbe	er
Part II- If this is a report of a Candidate							
I swear (or affirm) that to the best of m amended.	y knowledge and be	lief this political	committee h	nas not violated any	provisions of t	he Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	; 			*·			
day of Way	20 23			Siran	ature of Candi	ate	
Signature Cast - M	<u>aru</u>	'	_		Printed Name	SA MASTOUL	
My Commission expires 3 14	2023	, 1	. (814		504-3944	
MO. DA	YR.		. A	rea Code	Dayt	ime Telephone Number	
4178							

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

My commission expires August 14, 2023 Commission number 1347046

Member, Pennsylvania Association of Notaries

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer (dentification Number	Cherial	Constack		
	$\overline{\mathbf{U}}$			

1
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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 author	When	Comstack	<u> </u>	
				Amount
Full Name of Contributing Committee			Date [MM/DB/YYYY]	X
House # Street Addres	5		Date [MIM/DD/YAYY]	
City 2	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/OD/AYY)	
THause # Street Addres			Date [MM/DD/YYYY]	
City 注 Size	State	Zip:Code ::	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	Tallin and Committee		adato (MIM/IDID/AKYAY)	
Housett Street Addres	is.		Date [MM/DD/XXXX]	
City	State	Z(p) Gode	Date [MM/DD/YYYY]	
Pull:Name of Contributing Committee				
House # Street Addres	S		-Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Addres	S		Date [MM/DD/YYYY]	700
City.	State	Zip Code	Date [MM/DD/AYYY]	4.4 5.5 7.7
Full Name of Contributing Committee			Date (MM/DD/YYYY)	
House # Street Addres	55		Date [MM/DD/YYYY]	## #
Gity.	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.)

iFiler identification Number	Cheryl Comstock	
Full Name of Contributor	Mary Constact	Adadas 101.00

	<u> </u>		
Full Name of Contributor Officer	11 Constack	OS/ON/SOS	100.00
House N 9051 Street Address	11 Constock Old Poute 99	03/3//2003	100.00 98.50
Mcklan	State PA Zip Code	16426 Date MM/DD/MYY	
Full Name of Contributor		Date (MM/OD/AAAA)	
Street Address		Date (VIM/DD/YYM)	
City City	State ZIp Code:	Bate (MIM/DD/ WAY)	
Full Name of Contributor		Date (MM//DD/AAA)	
House # Street Address		doated (win/i/ob)/www.s	
City	State: Zip Code :	©DATE*(MIM/DD/A6464)	
ituli Namelof Contributor	1 Control of the Cont	Date (MIN/DE/MAN)	
Street Address		Date (MIN/JDD/AY(AY))	\$
Gity	State Zip Gode .	Date MiN/JDD/AAAA	
Full Name of Contributor		Date (MM/D0/****)	
House # Street Address		iDate (MM/DD/YYY)	
(ghy)	State Zip Code (
Full Name of Contributor			\$
Hōuse # Street Address			
Cty	State Zip Code	Date [MM/DD/AYAM]	9

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:	Cherni C	mstock		
35172 (1997)				
Full Name of 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			ADAKE IMMODIAAAA	* X
House # Street Ad	dress		Pate (MM/DD/AYAM)	
City.	State	Zip Code	Date [MM/DD/YYYY]	
EVIINAME of Gonnettee			Date (MIXIADPIAASI)	
House # Street Ad	dress		Pates (MM/DD/AAAA)	*
GIVE	Sate	Zip Gode	Datte MW/DD/XXXX	
Afull Name of			@Date: (VIAV/DD/AAAM);	
House# Street Ad	dress		Date MM/DD/YYM	 *
and the second s	State	Zip Gode :	Date MM/DD/****/	\$
Eculi Name of ; Contributing Committée ;		1	Date [MM/DD/YYYY]	
House# Street Ad	dress		pate [MM/bb/YYY]	
(city)	State	eZip Code	Spate (MM/Jed/AMAGE)	
FulliName of Committee			Date (VIV)/DP/AAA3	
House # Street Ad			Date [MIN/DD/AAA]	
(Ctt).	State	Zip Code	Date (MIM/DD/AASA)	S .
Full Name of Contributing Committee			Date [MM//DD/AA*AA]	
House# Street Ad			Date [MM/DD/YYYY]	5
ely.	State	Zip Code	Page [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)

	On Some	
Full Name of Contributor CA	ery 1 Comstock	04/06/2028 \$ 3500.00
House # 9651 Street Andre	"Old Rowte 99	Date [MM/DD/YYYY].
McKean	State PA Zip Gode & U	9426 Pate [MM/DD/YYYY] \$ 15
Employer Name	MINCRER TOWNSHIS	Occupation TAC STRICER
Employer Mailing Address // Principal Place of Business	Mincreek Township 3408 West 36 Street	Erie PA 16506
Füll Name of Contributor		Data (MIX/Add/XXXX) \$
House # Street Addre		Date (MM/DD/YYYY) 5
EGIY	State Zip Code	Date (MM/DD/YYYY) \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		
reall Name of Contributor		*Date (MM/OD/MAA) == 25
Açuselli Street Addre	\$ \$	Date MM/DD/YAM (0.1)
# Otty	State Zip Code	Date (MM/DD/YYYY) 5
Employer Name		Gecupation
Employer Mailing Address / = = Principal Place of Business:		· .
Full Name of Contributor		*Dates(MM//DD/AAAA) *** \$5
House # Street Addres		Date [MM/DD/YYYY] \$
-Ciry	State Zip Code	Date MM/DD/YYYY 5
Employer Name		Occupation .
Employer Mailing Address / H		

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.

Plesidentification Number:	Chery	Comstor	·k	
House# Stre Cry Receipt Description	et Addréss	State	Z [p] (co8):::	Date (MM/OD/MYY)
City Receipt Description 5	et Address	State	4p Code	Date (MM/DD/MYY)
Full Name House # Stree City # # # # # # # # # # # # # # # # # # #	et Address	State	Др Gode	LDate (MM//DD///YAYA) \$
House# Street St	ğı, Address	State.	Zip Gode:	Date [MIXI/DD/AYYY] \$
Full Name House # Stre Gity Receipt Description : 5	et Address	State.	Zip s «Code »	Date [MIN//DD///YYY] \$
Full Name House # Stre City Receipt Description	et Address	State	Zjp Code	Date [MIN/DD/A/YA/] \$

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 3	Cherni Com	stock		
SER UNHEMIZED INSKINDIG	Ontributions regeivedevalui	E(O)=(\$150);010 CORELECTOR	ersenibalinerse	
TOTAL for the reporting period	(1)	\$		
2 2 IN KIND CONTRIBUTION	ISREGENZED-VALUE OF \$5000:TI	©\$250 OOJEROMIPAR	打印 卷	
TOTAL for the reporting period	(2)	\$		
3.4 IN KIND CONTRIBUTION	REGEIVED-VALUE OVER \$250.00	ozeróm partig) z		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRI PERIOD (Add and enter amount to on Page 1, Report Cover Page, Iter	otals from boxes 1, 2, and 3; also			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Number:	41 Comes	tock		
interneco contributore			HORICALMIAN/PID/AAAMA &	4.4
	•			X
House# Street Address			Date [MM/DD/XXXX] \$	
[] Gitya	State	Zip/Code	Date [MM/DD/YYYY] \$2	114.40
Description of Contribution				
Full Name of Contributor		-	Date (MIN/DID/AAAA)	
Hause# Street Address			Date [MM/DD/WW] \$	
City : 3	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Gomerbution			. Yukkaziii]	
iFull Name of Contributor			Date (MM/DD/YMM); \$	
House # Street Address			Date [MM/DD/YYM] \$	
Cty	State	Zip Code	EDERG [MIN/DD/YYM] S	
Description of Contribution				
Fjull Name of Contributors 基本基準			Date [MIM/DD/YYYY] \$	
House;# Street Address			Date (MM/DD/AAAA) 5	
GIAV.	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]	
Gity	State	Zip Code	: Date [MM/DD/YYYY]	
Description of Contribution				,

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Fleribiantification Number	Chern Counto	CK.	A Company	4

Eui Name of Contributor		Date[MM/DD/AYY] \$
House # Street Address	,	Date MM/DD///A01 \$
Giv a	State Zip Gode:	Date MM/DD/YYYYI \$
Employer Name (1936)		Occupation
Employer Mailing Address / Principal Place of Business		Description Corporation Corpor
Helli Name of Contributor		Poste MM/DD/YYYY] a s \$
House # Street Address		CDATE (MM/DD/YYYY) 5 19 65
Gity	State Zip Code	adent (MM/OD/AAGAA)
Employer Name	Emminor of the Part of the Par	Specupation S
Employer Mailing Address / Principal Place of Business		Description of a Contribution
Full Name of Contributor		Date MM/DD/Mac/J
HQUSE II Street Address		Date [MM/DD/YYYY)] S
City i	State Zip Code	Date [MM/DD/YYYY] = # 55
Employer Name 72		Occupation -
Employer Mailing Address / Principal E		Designation (1) Of 1788 Gontabulon
Full Name of Contributor		TDAYE [MKN/DD/XYYY)] 5
House拼 Street Address		Date [MM/DD/YYYY] a 3 2 5
GIFY.	State Zip Gode	Date MM/DD/YYYY) 5
Employer Name		Occupation
Employer Mailing Address //Principal in Place of Business		Description of Contribution

Statement of Expenditures

Filer identification Numbers	(Merni	C	onsto	Ck	n ka Salah Tan

To Whom Paid	Frie C	ounty ?	t 60V	e course,	Date [MM/DD/YYYY] 02/01/2033	\$ 100,00
House # 140	Street Address	Nest 6 St	reet	1, 200 mg / 1, 200 mg / 1, 200 mg / 2, 200	Description of Expenditu	li ė
Ene	,	State PA	Zip. Code	1501	Filing Fees	
To Whom Paid	Friends-	to Elect Cl	ernl Co	WHOCK	03 31 2023	\$ 20.45
וטשני	Street Address	Old Rout			Description of Expenditu	re
機能を	un	State PA	Zip Code	436		art up + Checks
Ito Whom Paid	Erre Con	unty, PA	Gov.	acceptable and the second	Date:[MM/DD/YMY]	98.50
140	Street-Address	Nest le :	treet	AMAZINA E	Description of Expenditu	re
eity Ene		State	Zip Goden	F01	Supervoter	LIST
	Friends	to Elect C	Mery 10	onetale	Date MM/DD/MMM) _04 11 3033	3500.00
House # 9151	Street-Address	Old Route	e 99		Description of Expenditu	re
Giv Mcke	an	state PA	Zip Code	Hob	Loun to Con	mittee
To Whom:Paid					Date [MM/DD/AYYY)	S
	Street Address		Toda		Description of Expenditu	re 1
Gity		State	Zip Code			
To Whom Paid:					Date [MM/ DD//YAAM]	S 5
	Street/Address				Description of Expenditu	re
(GLy)		State	Žib Code			
To Whom Paid						3
House#	Street/Address				Description of Expenditu	ire
Glty	and the second s	State	Zip Code			
To Whom Paid					(Date (MM/DD/MYM)	
House#	Street Address		· · · · · · · · · · · · · · · · · · ·		Description of Expenditu	ife
(Gity		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.

Flegidentification Number:	Chery 1 Cons	tock_			
Name of Greditor				Civisianding Bajani	eoinebe
House# Stre	et/Address		EDEBT INCURRED	\$ \	
City : 2 Description of Debt :		State	Zip E		
Name of Creditor				Questanding Balan	ceor peb∈
	ej Address		IE DEBT INCURRED IMM/OD/YYYY]	S	
City Description of Debt		State of	Zip Code		
Name of Greditor	d .	· · · · · · · · · · · · · · · · · · ·		्रामस्स्रकातील्द्रBalan	ce of Dath 🗼 🛊
澳名 装架 565 5	et Address 事		TE DEBT INGURRED	\$	
City:		State	žip "Code		
Name of Creditors				(O) in standing 35 (an	ce of Debt
	et Address		TE DEBT INCURRED		
City Description of Debt.		State	Zip Code		<u>.</u> .
Name of Graditors				Outstanding Balan	ce of Debt
	et Address		(E-DEBT INCURRED [MM/DD/AYYY]	\$	
TOITY		State	Zip Code		
Description of Debt				<u> </u>	
Name of Creditor 4				Outstanding Balan	ce of Debt
	et Address	<u>(</u>	TE DEBT INCURRED [MM/DD/YYYY]	5	
City Description of Debt		State	Zip. Code		



Commonwealth of Pennsylvania - Campaign Finance Report

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

Number (Mar Name of Filing Committee, Candidate or Lobbyist	t Filed By Candidat (X) Nevu Con/	te Kock com	nittee	obbyist
Street Address 9, Gity UKLAN	65YOAR	oute 99 PA 2006	ode 16426	
Type of Report (Place x under report type)			.	
1: 6 th Tuesday 2: 2 nd Friday 3-30 Day Post 4: 6 th T Pre-Primary Pre-Primary Primary Pre-Ele	ACCEPTAGE OF THE PROPERTY OF T	6-30 Day Post 7- An Election		pecial 30 Day ost-Election
Date Of Election (MM/DD/YYYY) 05/16 20 2	3	Amendment Report	Termination Report	
Summary of Receipts and From Date Expenditures A. Amount Brought Forward From Last Report \$	To Date 5/3/33 &		For Office Use Only	3
B. Total Monetary Contributions and Receipts \$. (From Schedule I) C: Total Funds Available \$. (Sum of Lines A and B) D. Total Expenditures \$	3718.950 3718.950		元 元 26	303 HAX -0
(From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received \$	3118.95 [,]		TRATION	PH 12: 24
(From Schedule II) G. Unpaid Debts and Obligations \$ (From Schedule IV)	X-37189	\$ tion		
Part 1- If this is a Committee report, treasurer sign here. If thi	Affidavit Sec s is a Candidate report, car	ndidate sign here.		
I swear (or affirm) that this report, including the attached school Sworn to and subscribed before me this 3	Pennsylvania - Rotary Seal Eutzman, Notary Public Fie County Public Seal November 21, 2023 is is in number 1359916 is is is is is in a secciation of Notaries and page 14 in the pennsylvania Association of Notaries and page 15 is is is is in a secciation of Notaries and page 15 is is is in a secciation of Notaries and page 15 is is is in a secciation of Notaries and page 15 is in a secciation of Notaries and	Signature of Perso Prints	Submitting report Name 504-3941 Daytime Telephone Number	aith of Pennsylvania
I swear (or affirm) that to the best of my knowledge and belie amended. Sworn to and subscribed before me this day of 20	tthis grant of the commonweal of the communication	as not violated any provisi	ons of the Act of June 3, 1937 (P.L.	County OC 2001
Signature		Signature of Printed	f Candidate	
My Commission expires MO. DAY YR.	Ar	rea Code	Daytime Telephone Number	



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: Inis report must be clear and legible. It should be typed)	
Filer Identification 2023 MAY -3 PM (26 (24x X)) Candidate Committee Lobby(st	
Name of Filing Committee, Candidate or Lobbyist ERIE COUNTY Triends to Flect Chern Constock	
Street Address VOTER REGISTRATION 9/51 OID 2 Mite 99	<u> </u>
City Mokeun State P4 Zip Code U0426	
Type of Report (Place x under report type)	
1-6 th Tuesday 2: 2 nd Friday 3: 30 Day Post 4-6 th Tuesday 5-2 nd Friday 6-30 Day Post 7- Annual Special 2 nd Friday Special 30 Da	
Pre-Primary Pre-Primary Primary Pre-Election Pre-Election Election Pre-Election Pre-Election	
Date Of Election (MM/DD/YYYY) (55/14 2023 Amendment Report Report	
Summary of Receipts and From Date To Date For Office Use Only	
Expenditures 381123 58123	
A. Amount Brought Forward From Last Report \$	
B. Total Monetary Contributions and Receipts \$ 1166 45	
C. Total Funds Available \$ 1166 45	
DiTotal Expenditures \$ 1150 85 14400 \$5	: .
(From Schedule III) E. Ending Cash Balance \$ For 1.0	
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received \$ \$2	
(From Schedule II)	
G. Unipaid Debts and Obligations \$ -3718.95	<u> </u>
Afficavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Condidate report candidate sign here.	
I swear (or affirm) that this report, including the attached schedules of best of my knowledge and belief true, correct and complete.	<u> </u>
Sworn to and subscribed before me this 3 rd day of May 20 23	5
Sworn to and subscribed before me this 3 day of May 20 23 Oracle Signature of Person Submitting report Turing A Walker	
1 / A Cinnatural A 10 22 Eth 1-12 Drinted Name	j- 9
My Commission expires 1 21 2023 E S S S S S S S S S S S S S S S S S S	WE
Bart II If this is a report of a Candidate's Authorized Committee of Science 5.7 (An here	•
Part II- If this is a report of a Candidate's Authorized Committee, (appeared by here. I swear (or affirm) that to the best of my knowledge and belief this bookical Shiringee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.32)	9) a 5
I swear (or affirm) that to the best of my knowledge and belief this social of the last of June 3, 1937 (P.L. 1333, NO.32 amended. Sworn to and subscribed before me this	inty
3.4 days Maria and Superined Before the this	3 3
Signature of Candinate	
Signature Signature Children Signature Printed Name	
My Commission expires 11 21 2023 04 504-39444	
MO. DAY YR. Area Code Daytime Telephone Number	
Commonwealth of Pennsylvania - Notary Seal	

Jessica L. J. Stutzman, Notary Public Erie County My commission expires November 21, 2023 Commission number 1359916

Member, Pennsylvania Association of Notaries

Commonwealth of Pennsylvania County of _ & cie