



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

Type of Report (Place x under report type)

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

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/31/23	05/03/23	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	3718.95	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
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

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

____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.

Signature of Person Submitting report

Printed Name

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 May 2023

Signature

My Commission expires 8 14 2023

MO. DAY YR.

Signature of Candidate

Printed Name

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
Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		<i>Cheryl Comstock</i>	
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ <i>20.45</i>
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	<i>0</i>
All Other Contributions (Part B)		\$	<i>198.50</i>
Total for the reporting period		(2)	\$ <i>198.50</i>
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	<i>0</i>
All Other Contributions (Part D)		\$	<i>3500.00</i>
Total for the reporting period		(3)	\$ <i>3500.00</i>
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ <i>0</i>
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>		\$	<i>3718.95</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>Cheryl Comstock</i>					
							Amount
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	2	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		

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:	Cheryl Comstock
------------------------------	-----------------

Full Name of Contributor: Cheryl Comstock				Date: [MM/DD/YYYY] 03/07/2023	\$ 100.00
House #: 9651	Street Address: Old Route 99		Date: [MM/DD/YYYY] 03/31/2023	\$ 98.50	
City: McKean	State: PA	Zip Code: 16646	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]	\$	
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 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	Cheryl Comstock
-----------------------------	-----------------

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	X
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)

Election Identification Number		Cheryl Comstock			
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Full Name of Contributor		Cheryl Comstock		Date [MM/DD/YYYY]	04/06/2023	\$	3500.00
House #	9651	Street Address	Old Route 99	Date [MM/DD/YYYY]		\$	
City	McKean	State	PA	Zip Code	16426	Date [MM/DD/YYYY]	
Employer Name		Muncreek Township		Occupation		TAC OFFICER	
Employer Mailing Address / Principal Place of Business		3408 West 36 Street Erie, PA 16506					

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							

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.

File Identification Number	Cheryl Comstock
----------------------------	-----------------

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**

Filer Identification Number	<i>Cheryl Comstock</i>
-----------------------------	------------------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

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

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
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

File Identification Number:	<i>Cheryl Comstock</i>
-----------------------------	------------------------

Full Name of Contributor:				Date [MM/DD/YYYY]		\$	2
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	<i>Cheryl Constock</i>
-----------------------------	------------------------

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: Cheryl Comstock

To Whom Paid	Erie County, PA Gov.				Date [MM/DD/YYYY]	03/07/2023	\$	100.00
House #	140	Street Address	West 6 Street		Description of Expenditure			
City	Erie	State	PA	Zip Code	16501	Filing Fees		
To Whom Paid	Friends to Elect Cheryl Comstock				Date [MM/DD/YYYY]	03/31/2023	\$	20.45
House #	91651	Street Address	Old Route 99		Description of Expenditure			
City	Mckean	State	PA	Zip Code	16436	Bank Acct Start up & checks		
To Whom Paid	Erie County, PA Gov.				Date [MM/DD/YYYY]	03/31/2023	\$	98.50
House #	140	Street Address	West 6 Street		Description of Expenditure			
City	Erie	State	PA	Zip Code	16501	Super Voter List		
To Whom Paid	Friends to Elect Cheryl Comstock				Date [MM/DD/YYYY]	04/11/2023	\$	3500.00
House #	91651	Street Address	Old Route 99		Description of Expenditure			
City	Mckean	State	PA	Zip Code	16436	Loan to Committee		
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:	<i>Cheryl Constock</i>
------------------------------	------------------------

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	<i>2</i>		
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							



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 checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Cheryl Comstock					
Street Address		9651 Old Route 99					
City	State	Zip Code					
McKean	PA	16426					

Type of Report (Place x under report type)

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

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	3/31/23	5/3/23	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3718.95 0	
C. Total Funds Available (Sum of Lines A and B)	\$	3718.95 0	
D. Total Expenditures (From Schedule III)	\$	3718.95	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0 - 3718.95	

2023 MAY -3 PM 12:24
ERIE COUNTY
VOTER REGISTRATION

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

3rd day of May 20 23
Signature: Jessica D. Stutzman

My Commission expires 11 21 2023
MO. DAY YR.

Pennsylvania - Notary Seal
Jessica L. Stutzman, Notary Public
Erie County
My commission expires November 21, 2023
Commission number 1359916
Member, Pennsylvania Association of Notaries

Signature of Person Submitting report

Cheryl Comstock
Printed Name

814
Area Code

504-3944
Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate 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. 322) as amended.

Sworn to and subscribed before me this

____ day of ____ 20____
Signature

My Commission expires ____ MO. ____ DAY ____ YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

Commonwealth of Pennsylvania
County of Erie



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	2023 MAY -3 PM 12:24	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	VOTER REGISTRATION 9651 Old Route 99							
City	McKean	State	PA	Zip Code	16646			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd 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	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	3/31/23	5/3/23	<div style="text-align: center;"> <p>2023 MAY -3 PM 12:24</p> <p>ERIE COUNTY VOTER REGISTRATION</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 2	
C. Total Funds Available (Sum of Lines A and B)		\$ 7166.45	
D. Total Expenditures (From Schedule III)		\$ 7166.45	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 6120.82	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 505.63	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ -3718.95	

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate's** report, candidate sign here.
 I swear (or affirm) that this report, including the attached schedules and papers, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

3rd day of May 20 23
 Signature: *Jessica L. J. Stutzman*

My Commission expires 11 21 2023
 MO. DAY YR.

Signature of Person Submitting report: *Julia A. Walker*
 Printed Name: Julia A. Walker
 Area Code: 814 Daytime Telephone Number: 476 7369

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate sign here.
 I swear (or affirm) that to the best of my knowledge and belief this report, including the attached schedules and papers, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

3rd day of May 20 2023
 Signature: *Jessica L. J. Stutzman*

My Commission expires 11 21 2023
 MO. DAY YR.

Signature of Candidate: *Cheryl Comstock*
 Printed Name: Cheryl Comstock
 Area Code: 814 Daytime Telephone Number: 504-3944

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 Erie