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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	X	Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Carrie Eastman Crow							
Street Address	5341 Route 8N							
City	Edinboro		State	Pa	Zip Code	16412		

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
	X							

Date Of Election (MM/DD/YYYY)	05/16/2023	Year	2023	Amendment Report		Termination Report	
					X		

Summary of Receipts and Expenditures	From Date 04/05/2023	To Date 05/04/2023
A. Amount Brought Forward From Last Report	$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	$	5405
C. Total Funds Available (Sum of Lines A and B)	$	5405
D. Total Expenditures (From Schedule III)	$	5717.91
E. Ending Cash Balance (Subtract Line D from Line C)	$	-312.91
F. Value of In-Kind Contributions Received (From Schedule II)	$	0
G. Unpaid Debts and Obligations (From Schedule IV)	$	0

For Office Use Only

2023 MAY 10 PM 1:38
ERIE COUNTY
VOTER REGISTRATION

Affirmation

Part 1- 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 or paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 10 day of May 20 23

Sue Sheffield
Signature

My Commission expires 12-02-2024 (MO. DAY YR)

Commonwealth of Pennsylvania - Notary Seal
Sue Sheffield, Notary Public
Erie County
My commission expires December 2, 2024
Commission number 1424443
Member, Pennsylvania Association of Notaries

Carrie Eastman Crow
Signature of Person Submitting report

Carrie Eastman Crow (candidate)
Printed Name

814 449-3314
Area Code Daytime Telephone Number

Part 2- 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.320) 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

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	

1.Unitemized Contributions and Receipts-$50.00 or Less per Contributor			
Total for the reporting period	(1)	$	1855
2. Contributions of $50.01 to $250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		$	
All Other Contributions (Part B)		$	1,700
Total for the reporting period	(2)	$	
3. Contributions Over $250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		$	
All Other Contributions (Part D)		$	1,850
Total for the reporting period	(3)	$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	$	5405
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)*		$	5,405

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.

n/a

Filer Identification Number	

								Amount
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 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:	

Full Name of Contributor	John Crow							Date [MM/DD/YYYY] 04/08/2023	$	100
House #	5881	Street Address	West Ave					Date [MM/DD/YYYY]	$	
City	Edinboro			State	PA	Zip Code	16412	Date [MM/DD/YYYY]	$	
Full Name of Contributor	Kelly Harrison							Date [MM/DD/YYYY] 04/10/2023	$	100
House #		Street Address	Old 99					Date [MM/DD/YYYY]	$	
City	McKean			State	PA	Zip Code	16426	Date [MM/DD/YYYY]	$	
Full Name of Contributor	Kevin Hayes							Date [MM/DD/YYYY] 04/10/2023	$	200
House #	5341	Street Address	House 8N					Date [MM/DD/YYYY]	$	
City	Edinboro			State	PA	Zip Code	16412	Date [MM/DD/YYYY]	$	
Full Name of Contributor	Mary Hargenrater							Date [MM/DD/YYYY] 04/14/2023	$	100
House #	207	Street Address	Pine St					Date [MM/DD/YYYY]	$	
City	Edinboro			State	PA	Zip Code	16412	Date [MM/DD/YYYY]	$	
Full Name of Contributor	James Dunlap							Date [MM/DD/YYYY] 04/14/2023	$	100
House #	8	Street Address	St. Anthony St					Date [MM/DD/YYYY]	$	
City	Lewisburg			State	PA	Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributor	Pat Hargest							Date [MM/DD/YYYY] 04/10/2023	$	100
House #	100	Street Address	Meadville St					Date [MM/DD/YYYY]	$	
City	Edinboro			State	PA	Zip Code	16412	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:	

Full Name of Contributor	rischelle bayless							Date [MM/DD/YYYY]	$	200
House #		Street Address	Go Fund ME					Date [MM/DD/YYYY]	$	
City	Edinboro		State	PA	Zip Code	16412		Date [MM/DD/YYYY]	$	

Full Name of Contributor	Susan Eastman							Date [MM/DD/YYYY]	$	100
House #	109	Street Address	Brookview Dr.					Date [MM/DD/YYYY]	$	
City	Edinboro		State	PA	Zip Code	16412		Date [MM/DD/YYYY]	$	

Full Name of Contributor	Ben Scarlett							Date [MM/DD/YYYY]	$	100
House #		Street Address	201 Stonehaven Dr					Date [MM/DD/YYYY]	$	
City	edinboro		State	pa	Zip Code	16412		Date [MM/DD/YYYY]	$	

Full Name of Contributor	ashley foulkrod							Date [MM/DD/YYYY]	$	100
House #	12161	Street Address	Eureka RD					Date [MM/DD/YYYY]	$	
City	Edinboro		State	PA	Zip Code	16412		Date [MM/DD/YYYY]	$	

Full Name of Contributor	Sunny Scarlett							Date [MM/DD/YYYY]	$	100
House #	3420	Street Address	Linden Ave					Date [MM/DD/YYYY]	$	
City	Long Beach		State	CA	Zip Code			Date [MM/DD/YYYY]	$	

Full Name of Contributor	dorothy cokinos							Date [MM/DD/YYYY]	$	100
House #		Street Address	Old State Road					Date [MM/DD/YYYY]	$	
City	Mckean		State	PA	Zip Code	16412		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:	

						Date [MM/DD/YYYY]	$
Full Name of Contributor	Frank Parker					04/20/2023	100
House #	111	Street Address	~~Fry Road~~ Erie Street			Date [MM/DD/YYYY]	$
City	Edinboro	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	$

						Date [MM/DD/YYYY]	$
Full Name of Contributor	Penny Fuller					04/15/23	100
House #	113	Street Address	Water Street			Date [MM/DD/YYYY]	$
City	Edinboro	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	$

						Date [MM/DD/YYYY]	$
Full Name of Contributor	Mary Jo Campbell					4/15/23	100
House #	5421	Street Address	Linden Avenue			Date [MM/DD/YYYY]	$
City	Edinboro	State	Pa	Zip Code	16412	Date [MM/DD/YYYY]	$

						Date [MM/DD/YYYY]	$
Full Name of Contributor							
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

						Date [MM/DD/YYYY]	$
Full Name of Contributor							
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

						Date [MM/DD/YYYY]	$
Full Name of Contributor							
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

PART C

Contributions Received From Political Committees

N/A

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	

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:	

Full Name of Contributor	Sally Scarlett					**Date [MM/DD/YYYY]** 04/10/2023	**$**	500
House #		**Street Address**	12570 Edinboro Road			**Date [MM/DD/YYYY]**	**$**	
City	Edinboro	**State**	PA	**Zip Code**	16412	**Date [MM/DD/YYYY]**	**$**	
Employer Name						**Occupation**	Retired	
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor	Shari Gould					**Date [MM/DD/YYYY]** 04/10/2023	**$**	150
House #	5460	**Street Address**	Gibson Hill Road			**Date [MM/DD/YYYY]** 4/10/2023	**$**	350
City	Edinboro	**State**	PA	**Zip Code**	16412	**Date [MM/DD/YYYY]**	**$**	
Employer Name						**Occupation**	Retired	
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor	Andrew Schulz					**Date [MM/DD/YYYY]** 04/10/2023	**$**	500
House #	12842	**Street Address**	Forrest nDrive			**Date [MM/DD/YYYY]**	**$**	
City	Edinboro	**State**	PA	**Zip Code**	16412	**Date [MM/DD/YYYY]**	**$**	
Employer Name						**Occupation**	Retired	
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor	Pam Nolan					**Date [MM/DD/YYYY]** 04/10/2023	**$**	350
House #	2601	**Street Address**	Rio Rd			**Date [MM/DD/YYYY]**	**$**	
City	Edinboro	**State**	PA	**Zip Code**	16412	**Date [MM/DD/YYYY]**	**$**	
Employer Name	Sarah Reed Center					**Occupation**	Therapist	
Employer Mailing Address / Principal Place of Business	2445 w 34th St - 16506							

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:	

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:	

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)	$	

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF $50.01 TO $250

Filer Identification Number:	

Full Name of Contributor						Date [MM/DD/YYYY]	$
House #		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 #		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 #		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 #		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 #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Description of Contribution							

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	Purchase, George & Murphey, PC					Date [MM/DD/YYYY] 04/05/2023	$ 5,000
House #		Street Address	2525 West 26th Street			Description of Expenditure	
City	Erie	State	PA	Zip Code	16412	Legal fees-"Stop the Steal"/fascist coup adverted	

To Whom Paid	General McLane Foundation					Date [MM/DD/YYYY] 05/11/2023	$ 500
House #		Street Address	17710 Edinboro Road			Description of Expenditure	
City	Edinboro	State	pa	Zip Code	16412	send overage to non-profit.	

To Whom Paid	GOFUNDME-electronic transfer					Date [MM/DD/YYYY] 05/05/2023	$ 176.66
House #		Street Address				Description of Expenditure	
City		State		Zip Code		Bank/processing fees	

To Whom Paid	VISTA PRINT-electronic transfer					Date [MM/DD/YYYY] 04/27/2023	$ 41.25
House #		Street Address				Description of Expenditure	
City		State		Zip Code		business cards	

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:	

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							