



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	92-3202971	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends of Susannah Faulkner								
Street Address	1037 W. 4th St.								
City	Erie	State	PA	Zip Code	16507				

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)	05/16/2023	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
	04/07/2023	05/01/2023	
A. Amount Brought Forward From Last Report	\$	0	<div>2023 MAY 12 PM 3:33 ERIE COUNTY VOTER REGISTRATION</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,015.73	
C. Total Funds Available (Sum of Lines A and B)	\$	2,015.73	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,015.73	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	425.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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

Sworn to and subscribed before me this
12th day of May 2023
Angela L. Watson
Signature

My Commission expires 12-02-2026
MO. DAY YR.

Signature of Person Submitting report
Nicholas Taylor
Printed Name

814 392-8514
Area Code 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.320) as amended.

Sworn to and subscribed before me this
12th day of May 2023
Angela L. Watson
Signature

My Commission expires 12-02-2026
MO. DAY YR.

Signature of Candidate
Susannah Faulkner
Printed Name

814 746-0702
Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	92-3202971		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 470.36
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)			\$ 495.37
All Other Contributions (Part B)			\$ 1050.00
Total for the reporting period		(2)	\$ 1,545.37
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)			\$ 0
All Other Contributions (Part D)			\$ 0
Total for the reporting period		(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0
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>			\$ 2,015.73

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		92-3202971									
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Full Name of Contributing Committee											Amount		
Women The Future PAC											Date [MM/DD/YYYY]	\$	250.00
											04/12/2023		
House #			Street Address		PO Box 35						Date [MM/DD/YYYY]	\$	
City	Erie		State	PA	Zip Code	16512					Date [MM/DD/YYYY]	\$	
PA United PAC											Date [MM/DD/YYYY]	\$	126.96
											04/07/2023		
House #	523		Street Address		Hastings St						Date [MM/DD/YYYY]	\$	118.41
										04/21/2023			
City	Pittsburgh		State	PA	Zip Code	15206					Date [MM/DD/YYYY]	\$	
											Date [MM/DD/YYYY]	\$	
House #			Street Address								Date [MM/DD/YYYY]	\$	
City			State		Zip Code						Date [MM/DD/YYYY]	\$	
											Date [MM/DD/YYYY]	\$	
House #			Street Address								Date [MM/DD/YYYY]	\$	
City			State		Zip Code						Date [MM/DD/YYYY]	\$	
											Date [MM/DD/YYYY]	\$	
House #			Street Address								Date [MM/DD/YYYY]	\$	
City			State		Zip Code						Date [MM/DD/YYYY]	\$	
											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:		92-3202971							
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Full Name of Contributor		Chuck Nelson				Date [MM/DD/YYYY]		\$	250.00
						04/12/2023			
House #	646	Street Address		W. 9th St.		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16502	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Cynthia Purvis				Date [MM/DD/YYYY]		\$	100.00
						04/26/2023			
House #	2010	Street Address		W. 24th St.		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16502	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Erik Nix				Date [MM/DD/YYYY]		\$	200.00
						04/26/2023			
House #	373	Street Address		Euclid Ave		Date [MM/DD/YYYY]		\$	
City	Oakland	State	CA	Zip Code	94610	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Katie Sullivan				Date [MM/DD/YYYY]		\$	100.00
						04/27/2023			
House #	1838	Street Address		N. Capitol St NW		Date [MM/DD/YYYY]		\$	
City	Washington	State	DC	Zip Code	20002	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Elma Borcilo				Date [MM/DD/YYYY]		\$	150.00
						4/28/2023			
House #	124	Street Address		Woodstock Rd.		Date [MM/DD/YYYY]		\$	
City	Rochester	State	NY	Zip Code	21409	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Nancy Wagner				Date [MM/DD/YYYY]		\$	100.00
						05/01/2023			
House #	1268	Street Address		Cape St. Claire Rd.		Date [MM/DD/YYYY]		\$	
City	Annapolis	State	MD	Zip Code	21409	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:	92-3202971
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Full Name of Contributor					Date [MM/DD/YYYY]		\$ 150.00
Joe Salvia					05/01/2023		
House #	5228	Street Address			Date [MM/DD/YYYY]		\$
		Dorchester Dr.					
City	Erie	State	PA	Zip Code	16509	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:	92-3202971
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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:	92-3202971
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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							
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:	92-3202971
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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:	92-3202971
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR
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TOTAL for the reporting period (1)	\$	125
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period (2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period (3)	\$	300
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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)	\$	425
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	92-3202971
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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 II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	92-3202971
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Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Stephen Trohoske						4/16/2023			300
House #	1503	Street Address		State Street		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16501	Date [MM/DD/YYYY]		\$	
Employer Name				City Gallery		Occupation		Manager/Owner	
Employer Mailing Address / Principal Place of Business				1503 State Street Erie PA 16501		Description of Contribution		Event hosting and space	
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			
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:	92-3202971
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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			
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:	92-3202971
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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							