

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

		fisore: I					louid be typed				
Filer Identification Number	Number 92-3202971			ort Filed B irk X)	y Candida	ate	Committee	1	X	Lobbyist	
Name of Filing Comm Lobbyist	nittee, Ca	ndidate or	Friends of Susannah Faulkner								
Street Address			1037	W. 4th St.						<u> </u>	
City	Erie	<u> Dark je</u>			State	PA -	Zip Code	16507		<u></u>	
Type of Report (Place	x under r	eport type)					1 577 57, 5	1			
1-6 th Tuesday 2-2					5- 2 nd Friday	1	st 7- Annual	Special 2		Special 30 I	
	Primary	Primary		Election	Pre- Election	Election		Pre-Elect	ion	Post-Election	
	X								<u> </u>		<u>-</u> _
Date Of Election		0E/46/0000	Year		6005	Amendment		Terminat	ion		
(MM/DD/YYYY)		05/16/2023	100		2023	Report		Report			
Summary of Receipts Expenditures	s and	From Date		To Date	<u> </u>		For	Office Use	Only		
		04/07/2023		05/	/01/2023					8	
A. Amount Brought F	Forward F	rom Last Repor	t \$		0	1			Film	<u>ಟ್</u> ೫	
B. Total Monetary Co	ontributio	ns and Receipts	\$	9	,015.73	1			AL ALL AL ALL	2	
(From Schedule I) C. Total Funds Availa	ble		\$			1				~~~	
(Sum of Lines A and I	В)			2,015.73]			25	2	
D. Total Expenditure (From Schedule III)	5		\$		0	1			35-4	ယ	
E. Ending Cash Balan			\$	2	,015.73	TIO _* 33					
(Subtract Line D from F. Value of In-Kind Co		ns Received	\$			1		٠	Z	بن	
(From Schedule II)				4	425.00]			¥ .		
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns	\$		0	1					
				<u> </u>	နှို fidavit Se	ction					
Part 1- If this is a Comm I swear (or affirm) that t	ittee repor	t, treasurer sign h including the atta	ere. If t	is a gan	didage report, c	andidate sign her	e. ledge and helief+	rue, correct	and comple	te.	
I swear (or affirm) that t Sworn to and subscribed	d before me	e this		omis:	weal	111	/ /	., ۵۵۱٬۰۵۱٬۱	Joinpie		
_/3_day of_/	My	_20 <i>&3</i> _	_	sion i	π ≨ ⊈ _	1/0/	July 6				
area.	Ä.	Water	ير	on expire ission nur	of Penns Watson	Nicholis	re of Person Subn	nitting report	t 		
Signat	ture	<u></u>	بنزي	Ø 37 8 8		Club	Printed Nam		~**	•	
My Commission expires		<u>-03 -80</u>	120		- (출원	814		<u> 392-3</u>			
	MO.	DAY YR.		-12		Area Code	Da	ytime Teleph	one Numb	er 	
Part II- If this is a report of a Candidate's Authorized Committed Committed Stall sign here. I swear (or affirm) that to the best of my knowledge and believe is positical committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as											
amended.											
Sworn to and subscribed	d before me	e this	:	₹	्री ८		, ,				
12 day of 1	104	_20 <u>A3</u>		γ _{CDE} Ω	Zenar.	Susan	Meto	wie			
Alal.	\mathscr{A}'	Water		moci i	monweat Angela	Susani	Signature of Candi	date	W/		
Signat	ture	A		Erie County mmission expires De Commission number Pennsylvania Assoc	[#]	<u> </u>	Printed Name				
My Commission expires 10 - 00 - 00000			6.	Erie County expires De ion number	of Pennsy Watson,	814	1	46-1	<u>ي م:</u>	<u>}</u>	
	MO.	DAY YR.		ires Der	insyl	Area Code	Day	time Telepho	ne Numbei	r	
	<u>-</u>				Vivaria Notaria					·	
			,	cember 2 1425503	s - Notar ry Publi						
				of No	Notar						

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number 92-3202971		
92-3202971		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1) \$	
2. Contributions of \$50.01 to \$250.00 (From		470.36
Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	L	495.37
- This die Continuations (Falt 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)	\$	
All Other Contributions (Part D)	L	0
Automet 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 (Add and	Ś	
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		2.015.73
		Z,V 13.73

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

Full Name of Cor	atributing					Amount
Committee		The Future PAC		Date [MM/DD/YYYY]	\$.	
	Women	THE FULUIE PAC		04/12/2023		250.00
House #	Street Address			Date [MM/DD/YYYY]	\$:	
	F	O Box 35			1.	
City Erie		State	Zip Code	Date [MM/DD/YYYY]	\$	<u> </u>
		PA PA	16512			
Full Name of Con Committee	tributing			Date [MM/DD/YYYY]	\$	
Committee	PA Unite	d PAC		04/07/2023		126.96
House #	Street Address	<u> </u>		Date [MM/DD/YYYY]	\$	
523		lastings St			٦	118.41
City		State	Zip Code	04/21/2023		
Pittsburgh	1	PA	15206	Date [MM/DD/YYYY]	\$	
Full Name of Con	tributing			Data MANA/DD hanna		
Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address					
	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cont	ributing			Date [MM/DD/YYYY]	\$	
House #	Street Address					
	Street Address			Date [MM/DD/YYYY]	\$	
AV Na.						
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
The stage						
Full Name of Cont	ributing			Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address	 -		Date [MM/DD/YYYY]	_	
				Date [WIN/DD/1111]	\$	
City		State	1: 7:n Co.d.			
		State	Zip Code	Date [MM/DD/YYYY]	\$	-
Full Name of Conti	ibuting	1. 1. 1. 1. 1.				
Committee	- 			Date [MM/DD/YYYY]	\$	
louse #	Street Address			Date (BARA Inn hones		
				Date [MM/DD/YYYY]	\$	
City		Cara				
		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	

	Date [MM/DD/YYYY]	\$
n	04/12/2023	250.00
	Date [MM/DD/YYYY]	\$
V. 9th St.		
State PA Zip Code 16502	Date [MM/DD/YYYY]	\$.
	Date [MM/DD/YYYY]	\$
is	04/26/2023	100.00
——————————————————————————————————————	Date [MM/DD/YYYY]	\$
V. 24th St.		
State PA Zip Code 16502	Date [MM/DD/YYYY]	\$
	Date [MM/DD/YYYY]	\$
	04/26/2023	200.00
	Date [MM/DD/YYYY]	\$0 \$7
Euclid Ave		
State Zip Code	Date [MM/DD/YYYY]	\$
CA 94610		
	Date [MM/DD/YYYY]	S
า	04/27/2023	100.00
	Date [MM/DD/YYYY]	\$
I. Capitol St NW		
State Zip Code	Date [MM/DD/YYYY]	\$
DC 20002		X
	Date [MM/DD/YYYY]	\$ 450.00
	4/28/2023	150.00
	Date [MM/DD/YYYY]	\$
Voodstock Rd.	(*) 22 48 68	
State NY Zip Code 21409	***	
		\$
er	05/01/2023	100.00
	Date [MM/DD/YYYY]	S
Cape St. Claire Rd.		
State MD Zip Code 21409	Date [MM/DD/YYYY]	\$
	V. 9th St. State PA	O4/12/2023 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.)

	4	
Filer Identification Number:	92-3202971	

Full Nar	ne of Contribu	tor		Date [MM/DD/YYYY]	\$		
		Joe Salvia			05/01/2023		150.00
House #	5228	Street Address	Dorchester Dr.		Date [MM/DD/YYYY]	S	
City		il vasa i z ees.	State	Zip Code	Date [MM/DD/YYYY]	\$	
City	Erie		PA	16509)	•	
Full Nar	ne of Contribu	tor,			Date [MM/DD/YYYY]	. \$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
100						() () () () () () () () () ()	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Nar	ne of Contribu	tor			Date [MM/DD/YYYY]	\$	
					The transfer of the second of		
House #		Street Address	•		Date [MM/DD/YYYY]	\$	
City	08:1		State	Zip Code	Date [MM/DD/YYYY]	Ś	
Full Nar	ne of Contribu	tor			Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
			fine and control of	lor —∎ byr r⊒msår ∎¢kress vijs l	8 - N 2046AFC		
City			State	Zip Code	Date [MM/DD/YYYY]	\$.	
Full Nar	ne of Contribu	tor			Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
16 2 3 3 4							
City		To any and agreement of the state of the second week	State	Zip Code	Date [MM/DD/YYYY]	\$	
C.U.N.	vonen, son in the second second	-striking.					
ruii Nar	ne of Contribu	ior Mari			Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City	•	and the second s	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 Identificatio	n Number: 92-3202971		- 	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Co	ommittee			
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		1 CVN 623817 - Jenter 93490441	Date [MM/DD/YYYY] \$	
Contributing Co	ommittee			
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code 💨	Date [MM/DD/YYYY] \$	
Full Name of		(CS) 250 250 250 250 250 250 250 250 250 250	Date [MM/DD/YYYY] \$	
Contributing Co	ommittee			
House #	Street Address	 -	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Co	ommittee			
House #	Street Address	· • · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Co	ommittee			
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Co	ommiπee			
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: 92-32	02971	***	
	•••		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	fress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Transcourant au Trace	Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	iress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		A Section of the sect	Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	iress		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 Add	iress		Date [MM/DD/YYYY] \$
CIPY	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address /			Occupation
Employer Mailing Address / Principal Place of Business			

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 Nun	nber: 92-3202971			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		10.00	January Company	Prod
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			· · · · · · · · · · · · · · · · · · ·	588.25
Full Name	1 2000			11 100
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1	The state of the s	1-0-3 1-0-3
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		political recorded \$	15 - 15 Anna Printer (1985)	I Folks I
Full Name				****
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			The second secon	Learner I

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: 92-3202	971		
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALUE OF \$5	50.00 (OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	125
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$250).00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FRO	M PAF	RT G)
TOTAL for the reporting period	(3)	\$	300
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals f		\$	
on Page 1, Report Cover Page, Item F)			425

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 92-32		
■ 192-32	202971	

Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$	
	99				
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution			- All All All All All All All All All Al	
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	医含含:混合物 (基础)	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution		1988 (1985) Pertud 90	\(\frac{1}{2} \)	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address		'	Date [MM/DD/YYYY] \$	
City	Taring Association with the an	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution				
Full Name of Co	ntributor			Datë [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 5	·
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution				
Full Name of Co	ntributor.			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Tourier contrappagations register	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution		 :	· ·	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1			
	202971		
100 to 2010 to 100 to			
※注意 かっき 特におから、これは、「・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・			

Full Name of Contributor	-	Date [MM/DD/YYYY] \$	
Stephen Trol	hoske	4/16/2023	
House # Street Address		Date [MM/DD/YYYY] \$	
1503 State Street			
City	State Zip Code	Date [MM/DD/YYYY] \$	
Erie	PA 16501		
Employer Name	City Gallery	Occupation Manager/Owner	
Employer Mailing Address / Principal		Description	
Place of Business	1503 State Street Erie PA 16501	of Event hosting and space Contribution	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
		Date [MM/DD/YYYY] \$	
House # Street Address		Date IMM/DD/11111	
Citý	State Zip Code	Date [MM/DD/YYYY] \$	
Z-1-Y			
Employer Name	Parado esta esta esta esta esta esta esta esta	Occupation	
Employer Mailing Address / Principal) 	Description	
Place of Business		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] \$	
		488	
Employer Name	(4) A	Occupation	
Employer Mailing Address / Principal		Description of	
Place of Business		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	TO SECTION SEC	Description	
Place of Business		of Contribution	

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	92-3202971		

To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Marketta Negrainia.	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] \$
Tipo Seguinos	and the drawn of the control of the			
House #	Street Address			Description of Expenditure
City	最後は19世界は20世界を1	State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
	ESTATION OF ESTATE OF A			
House #	Street Address			Description of Expenditure
City	· 學樣就不管領域的資金(1979年)	State	Zip	
			Code	
To Whom Paid	:			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
	Juca Aures			
City	7.0	State	Zip Code	
To Whom Paid	i (Date [MM/DD/YYYY] \$
Maria de la companya				
House #	Street Address			Description of Expenditure
City		State	- Zip	
		Jace	Code	
To Whom Paid				Date [MM/DD/YYYY] \$
	i estanta axendar a caracir.			
House #	Street Address			Description of Expenditure
City	The second section of the Assessing Area	State	Zip Code	
To Whom Paid	p .		Loue	Date [MM/DD/YYYY] \$
To whom Paid				Date IMIN/DD/LUIT 3
House #	Street Address			Description of Expenditure
City	- 出土と自みを定理を行っておくを定する。 - 1211と2自みを定理を行っておくを定する。	State	Zip. Code	(1995年) 1995年 - 1995年

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			
Name of Credito				Outstanding Balance of Debt
House #	Street Address	1.00 10.00 10.00	DATE DEBT INCURRED	
			[MM/DD/YYYY]	
City		State	Zip	
Description of De	ebt		Code	48
Right Street				
Name of Credito		II.	The state of the s	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip	
		Jule	Code	3
Description of D	CUL 24			
Name of Credito) T			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
		<u>總</u>	[MM/DD/YYYY]	
City		State	Zip	
Description of D	ebt		Code	<u> [986]</u>
Name of Credito	ur e			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City		State	Zip Code	
Description of D	ebt	1998/4889	cone	
Name of Credito				Outstanding Balance of Debt
House #		 	DATE DEBT INCURRED	S
	The Committee of the Co		[MM/DD/YYYY]	
City		State	Zip	
Description of D	ebt		Code	
Name of Credito	The second second			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
		<u></u>	en e	
City		State	Zip Code	
Description of D	CARTEST CONTROL CONTRO	5.00 Feb. 20 (2000)	The Company of the Company of	pro-saw j