

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		Committee	<input checked="" type="checkbox"/>	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Bryan Fife Committee to Elect for District Judge							
Street Address		4160 Woodsdale Avenue							
City	Erie	State	PA	Zip Code	16510				

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 checked="" type="checkbox"/>	Termination Report	
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Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	01/26/2023	05/01/2023	2023 MAY -8 PM 12:15 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)		0	
C. Total Funds Available (Sum of Lines A and B)		8845.00	
D. Total Expenditures (From Schedule III)		4882.56	
E. Ending Cash Balance (Subtract Line D from Line C)		3962.44	
F. Value of In-Kind Contributions Received (From Schedule II)		0	
G. Unpaid Debts and Obligations (From Schedule IV)		3400.00	

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

Signature of Person Submitting report
 GARY K REESE
 Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

814 Area Code
 899-3130 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 _____ day of _____ 20____

Signature of Candidate
 BRYAN FIFE
 Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

814 Area Code
 823 5425 Daytime Telephone Number



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input checked="" type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Dany K Reese
Signature of Treasurer, Candidate, or Lobbyist

05/08/2023
Date (MM/DD/YYYY)

GARY K. REESE
Printed Name

Erie, PA, Erie
Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

05/09/2023

Date (MM/DD/YYYY)

BRYAN FIFE

Printed Name

ERIE PA

Location (City/State/Country)

Pennsylvania Campaign Finance Report

Filed by: Bryan Fife Committee to Elect for District Judge

Filing Method: Paper

District Number: 06-3-01

Office Code: OTH

Party Code: OTH

County Code : 25 Erie

2023 MAY -3 PM 1:42
ERIE COUNTY
VOTER REGISTRATION

Commonwealth of Pennsylvania - Campaign Finance Report

Total Pages - 17

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Bryan Fife Committee to Elect for District Judge		
Street Address		4160 Wooddale Avenue		
City	Erie	State	PA	Zip Code
				16510

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"/>
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Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/26/2023	05/03/2023	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	8845.00	
C. Total Funds Available (Sum of Lines A and B)	\$	8845.00	
D. Total Expenditures (From Schedule III)	\$	4882.56	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3962.44	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	3400.00	

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 3 day of May 202023

Valerie Lynn Purzycki
Signature

My Commission expires _____ MO. _____ DAY _____ YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARY PUBLIC
VALERIE LYNN PURZYCKI
ERIE COUNTY
MY COMMISSION EXPIRES MARCH 4, 2026
COMMISSION NUMBER 1282074

Danny K Reese
Signature of Person Submitting report

GARY K REESE
Printed Name

814 Area Code 899-3130 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 report and 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 3 day of May 202023

Valerie Lynn Purzycki
Signature

My Commission expires _____ MO. _____ DAY _____ YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARY PUBLIC
VALERIE LYNN PURZYCKI
ERIE COUNTY
MY COMMISSION EXPIRES MARCH 4, 2026
COMMISSION NUMBER 1282074

[Signature]
Signature of Candidate

BRYAN FIFE
Printed Name

814 Area Code 823 5425 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARY SEAL
VALERIE LYNN PURZYCKI, NOTARY PUBLIC
ERIE COUNTY
MY COMMISSION EXPIRES MARCH 4, 2026
COMMISSION NUMBER 1282074

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$	2315.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)	\$	0	
All Other Contributions (Part B)	\$		3130.00
Total for the reporting period	(2)	\$	3130.00

3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)	\$	0	
All Other Contributions (Part D)	\$		3400.00
Total for the reporting period	(3)	\$	3400.00

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>			8845.00

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						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]	\$	
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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Margaret Eimers					02/23/2023	\$	60.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
3404	Edison Avenue				\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Erie	PA	16510			\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Darren and Rebecca Hart					02/23/2023	\$	200.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
4126	Blueberry Drive				\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Erie	PA	16510			\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Stephew Sebald					02/23/2023	\$	250.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
3817	State Street				\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Erie	PA	16508			\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Bill Fife					02/23/2023	\$	240.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
5421	Creek Lane				\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Erie	PA	16511			\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Tim George					02/23/2023	\$	250.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
1488	Elleway Court				\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Fairview	PA	16415			\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Ed and Kelly Hess					02/23/2023	\$	150.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
154	Kraus Drive				\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Erie	PA	16511			\$		

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					Date [MM/DD/YYYY]	\$	
MARK AND MELINDA KRAHE					02/23/2023	\$	100.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
6329	EAST LAKE ROAD					\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Erie	PA	16511				\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Brenda Carr					02/23/2023	\$	160.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
3820	MINGO AVENUE					\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Erie	PA	16510				\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
LUKE AND MIKAELA HESS					02/23/2023	\$	60.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
6867	HEATHER TRAIL					\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Erie	PA	16510				\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
RICHARD AND JAMIE WAGNER					02/23/2023	\$	100.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
4228	STATE STREET					\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Erie	PA	16508				\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
WILLIAM AND JOYCE McCREW					02/23/2023	\$	250.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
3805	MINGO AVENUE					\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Erie	PA	16510				\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
CRISTINE HARR					02/23/2023	\$	250.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
3953	LEPRECHAUN					\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Erie	PA	16510				\$	

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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Jodi MANNA					02/23/2023		140.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
3223	Dynes Avenue						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Erie	PA	16510					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Alex Pol					02/23/2023		60.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
6267	Cobblestone Drive						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Erie	PA	16509					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Ed and Marlene Meyer					02/23/2023		140.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
7008	Sandy Trail						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Erie	PA	16510					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Eric Hackweider					02/23/2023		250.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
455	West Gore						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Erie	PA	16509					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Karen Meyer					02/23/2023		120.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
915	Bowie Brae						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Erie	PA	16511					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Paul and Diane Wojetek					02/23/2023		250.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
5072	Westbury Farms						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Erie	PA	16506					

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:	
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Full Name of Contributor	Gary Reese				Date [MM/DD/YYYY]	\$	100.00
House #	4351	Street Address	Cooper Road		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16510	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:	
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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]	\$
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					Date [MM/DD/YYYY]	\$	
Bryan Fife					01/26/2023	\$	3000.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
4160	Woodsdale Avenue			03/17/2023		\$	400.00
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Erie	PA	16510				\$	
Employer Name					Occupation		
Summit Risk Services					Attorney		
Employer Mailing Address / Principal Place of Business							
120 Gibraltar Avenue, Horsham, PA 19044							
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	
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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

Filler Identification Number:	
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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

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 II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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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					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: _____

To Whom Paid		Sweets & Giggles Limited			Date [MM/DD/YYYY]	\$	300.00
House #	122	Street Address	Madeline Drive		Description of Expenditure		
City	Edinboro	State	PA	Zip Code	16412	Cookies and Packaging	
To Whom Paid		United States Post Office			Date [MM/DD/YYYY]	\$	31.00
House #	7175	Street Address	Buffalo Road		Description of Expenditure		
City	Harborcreek	State	PA	Zip Code	16421-9800	Post Office Box	
To Whom Paid		WALMART Supercenter			Date [MM/DD/YYYY]	\$	21.72
House #	5741	Street Address	Buffalo Road		Description of Expenditure		
City	Harborcreek	State	PA	Zip Code	16421	Office supplies	
To Whom Paid		WALMART Supercenter			Date [MM/DD/YYYY]	\$	15.62
House #	5741	Street Address	Buffalo Road		Description of Expenditure		
City	Harborcreek	State	PA	Zip Code	16421	Office supplies	
To Whom Paid		Rosco's Sports Bar and Grill			Date [MM/DD/YYYY]	\$	856.80
House #	4646	Street Address	Buffalo Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	Food for fundraiser event	
To Whom Paid		Rosco's Sports Bar and Grill			Date [MM/DD/YYYY]	\$	502.55
House #	4646	Street Address	Buffalo Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	Beverages for fundraiser event	
To Whom Paid		Frameit			Date [MM/DD/YYYY]	\$	284.61
House #	3799	Street Address	SHANNON ROAD		Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	Yard Signs and Stakes	
To Whom Paid		Frameit			Date [MM/DD/YYYY]	\$	49.82
House #	3799	Street Address	SHANNON ROAD		Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	Breast stickers	

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	Creative Imprint Systems	Date [MM/DD/YYYY]	03/09/2023	\$	240.50
House #	2670	Street Address	West 11th Street	Description of Expenditure	
City	Erie	State	PA	Zip Code	16505
To Whom Paid	Gohrs on Demand	Date [MM/DD/YYYY]	04/06/2023	\$	270.30
House #	4134	Street Address	Pittsburgh Avenue	Description of Expenditure	
City	Erie	State	PA	Zip Code	16509
To Whom Paid	Erie Promotions & Expos, Inc.	Date [MM/DD/YYYY]	04/17/2023	\$	315.09
House #		Street Address	P.O. Box 16514	Description of Expenditure	
City	Erie	State	PA	Zip Code	16514
To Whom Paid	VALPAK of Erie	Date [MM/DD/YYYY]	04/21/2023	\$	407.40
House #	1	Street Address	VALPAK Ave North	Description of Expenditure	
City	Saint Petersburg	State	FL	Zip Code	33716
To Whom Paid	ENGRAVED IMAGING	Date [MM/DD/YYYY]	03/02/2023	\$	143.10
House #	3799	Street Address	SHANNON ROAD	Description of Expenditure	
City	Erie	State	PA	Zip Code	16510
To Whom Paid	Frameit	Date [MM/DD/YYYY]	03/03/2023	\$	379.48
House #	3799	Street Address	SHANNON ROAD	Description of Expenditure	
City	Erie	State	PA	Zip Code	16510
To Whom Paid	Frameit	Date [MM/DD/YYYY]	04/07/2023	\$	379.48
House #	3799	Street Address	SHANNON ROAD	Description of Expenditure	
City	Erie	State	PA	Zip Code	16510
To Whom Paid	Frameit	Date [MM/DD/YYYY]	04/12/2023	\$	379.48
House #	3799	Street Address	SHANNON ROAD	Description of Expenditure	
City	Erie	State	PA	Zip Code	16510

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid	United States Post Office	Date [MM/DD/YYYY]	04/18/2023	\$	21.00
House #	Street Address	Description of Expenditure			
7175	Buffalo Road	Post Office Box			
City	State	Zip Code			
Harborcreek	PA	16421-9800			

To Whom Paid	Framert	Date [MM/DD/YYYY]	04/22/2023	\$	284.61
House #	Street Address	Description of Expenditure			
3799	Shannon Road	Yard Signs and Stakes			
City	State	Zip Code			
Erie	PA	16510			

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:	
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Name of Creditor		Bryan Fife				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S		3000.00
4160	Woodsdale Avenue	01/26/2023				
City	State	Zip Code				
Erie	PA	16510				
Description of Debt						
Loan to Committee to Elect Bryan Fife						

Name of Creditor		Bryan Fife				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S		400.00
4160	Woodsdale Avenue	03/17/2023				
City	State	Zip Code				
Erie	PA	16510				
Description of Debt						
Loan to Committee to Elect Bryan Fife						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S		
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S		
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S		
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S		
City	State	Zip Code				
Description of Debt						