

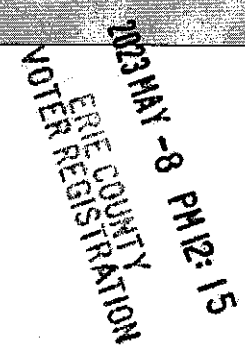
Commonwealth of Pennsylvania - Campaign Finance Report

(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		Bryan Fife						
Street Address		4160 Woodsdale						
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)		05/16/2023	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
	01/24/2023	05/01/2023	
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	37.34	
C. Total Funds Available (Sum of Lines A and B)	\$	37.34	
D. Total Expenditures (From Schedule III)	\$	3,615.07	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-3,577.73	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

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

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

_____ day of _____ 20____

Signature

My Commission expires _____ MO. _____ DAY _____ YR.

Signature of Candidate

Printed Name

Area Code

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.



Signature of Treasurer, Candidate, or Lobbyist

BRYAN FIFE

Printed Name

05/08/2023

Date (MM/DD/YYYY)

ERIE, PA

Location (City/State/Country)

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
Name of Filing Committee, Candidate or Lobbyist		Bryan Fife			
Street Address		4160 Woodsdale			
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)		05/16/2023	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/24/2023	05/03/2023	
A. Amount Brought Forward From Last Report	\$	0.00	<p style="text-align: center;">2023 MAY -3 PM 1:41</p> <p style="text-align: center;">ERIE COUNTY</p> <p style="text-align: center;">VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	37.34	
C. Total Funds Available (Sum of Lines A and B)	\$	37.34	
D. Total Expenditures (From Schedule III)	\$	3,615.07	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-3,577.73	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

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

Sworn to and subscribed before me this 3 day of May 2023

Valerie Lynn Purzycki
Signature

My Commission expires 3-4-26
MO. DAY YR.

Signature of Person Submitting report
Bryan Fife
Printed Name

814
Area Code

823 5425
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 report and all attachments have 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 2023

Valerie Lynn Purzycki
Signature

My Commission expires 3-4-26
MO. DAY YR.

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

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

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period (1)	\$	0.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	0.00
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All Other Contributions (Part B)	\$	0.00
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Total for the reporting period (2)	\$	0.00
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3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)	\$	0.00
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All Other Contributions (Part D)	\$	0.00
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Total for the reporting period (3)	\$	0.00
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4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period (4)	\$	37.34
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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>	\$	37.34
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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																			
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														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]		\$			

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

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]	\$	

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:	
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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:	
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Full Name	Committee to Elect Bryan Fife									
House #	4160	Street Address	Woodsdale Ave							
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	04/24/2023	\$	15.62	
Receipt Description	Reimbursement for office supplies									
Full Name	Committee to Elect Bryan Fife									
House #	4160	Street Address	Woodsdale Ave							
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	02/24/2023	\$	21.72	
Receipt Description	Reimbursement for office supplies									
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)		\$
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$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]		\$
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: _____

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:	
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To Whom Paid		Committee to Elect Bryan Fife			Date [MM/DD/YYYY]	\$	3,000.00
					01/26/2023		
House #	4160	Street Address	Woodsdale Ave		Description of Expenditure		
City	Erie	State	PA	Zip Code	16510		
				Loan to Committe to Elect Bryan Fife			
To Whom Paid		Committee to Elect Bryan Fife			Date [MM/DD/YYYY]	\$	400.00
					03/17/2023		
House #	4160	Street Address	Woodsdale Ave		Description of Expenditure		
City	Erie	State	PA	Zip Code	16510		
				Loan to Committee to Elect Bryan Fife			
To Whom Paid		Erie County Elections			Date [MM/DD/YYYY]	\$	100.00
					03/06/2023		
House #	140	Street Address	West Sixth Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16501		
				Petition Filing Fees			
To Whom Paid		Party City			Date [MM/DD/YYYY]	\$	93.07
					02/22/2023		
House #	1908	Street Address	Keystone Drive		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509		
				Party supplies			
To Whom Paid		Ice Cream Shoppe			Date [MM/DD/YYYY]	\$	22.00
					04/15/2023		
House #	3799	Street Address	Shannon Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16510		
				Donuts			
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						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							