# Commonwealth of Pennsylvania - Campaign Finance Report

| ·   |                                   | (Note: Ti                                   | his re         | port mu   | st be cl  | ear and                       | legible.            | It sho           | uld be t    | yped)            |                      |                              |                     |  |
|---|-----------------------------------|---|----------------|---|---|-------------------------------|---------------------|------------------|-------------|------------------|----------------------|------------------------------|---------------------|--|
| Filer Identification<br>Number                  |                                   |   | 1.755.3745.000 | ort Filed I<br>ark X)   |   | Candida                       |                     |                  | Comm        |                  |                      | X                            | Lobbyist            |  |
| Name of Filing Com<br>Lobbylist                 | mittee, Car                       | ididate or                                  | 7              | he  | Con   | nnit                          | tec t               | o E              | lect        | Rol              | , N                  | lahrt                        | •                   |  |
| Street Address                                  |                                   |   | 2              | 2017  | s sh  | or                            | DU                  |                  |             |                  |                      |                              |                     |  |
| City  | Eric                              |   |                |   | A20   | State                         | PA                  | -                | Zip Co      |                  |                      | 05                           |                     |  |
| Type of Report (Plac                            | e x under r                       | eport type)                                 |                |   | •   |                               |                     |                  |             |                  |                      |                              |                     |  |
| 1-6 <sup>th</sup> Tuesday 2-<br>Pre-Primary Pre | 2 <sup>nd</sup> Friday<br>Primary | 3-30 Day Post<br>Primary                    | 1730,375,000   | Tuesday<br>Election   | 03007350003   | Friday<br>lection             | 6-30 D:<br>Election |                  | 7- Ann      | 2058688888888888 | pecial 2<br>re-Elect | <sup>na</sup> Friday<br>tion | Special<br>Post-Ele | SPRUCYCLAR ACCIDENCE                   |
|   | X                                 |   |                |   |   |                               |                     |                  |             | ]                |                      |                              |                     |  |
| Date Of Election<br>(MM/DD/YYYY)                |                                   | 05/16/2023                                  | Yea            | r   | го  | 23                            | Amend<br>Report     | ment             |             | 5366             | ermina<br>leport     | tion                         |                     |  |
| Summary of Receipt<br>Expenditures              | ts and                            | From Date<br>ひこしてリ(を                        | v23            | To Dat  | e<br>1/23   |                               |                     |                  |             | For Of           | ice Use              | Only                         |                     |  |
| A. Amount Brought                               | Forward Fr                        | om Last Repor                               | t :            | \$ 0  | .00   |                               |                     |                  |             | (10.50)          | 3074 V SAV 19-0. V   | 5                            | <b>E</b>            | ************************************** |
| B. Total Monetary C<br>(From Schedule I)        |                                   | ns and Receipts                             |                |   | 319   | .54                           |                     |                  |             |                  |                      | THE                          | DEPO HAY -5         |  |
| C. Total Funds Avail<br>(Sum of Lines A and     | lB)                               | is on one sole<br>suiscissississe           |                |   | ·   | .54                           |                     |                  |             |                  |                      | A CO                         | , is                |  |
| D. Total Expenditure<br>(From Schedule III)     |                                   | ** 1521-837-354654-55<br>575-3855-386863552 |                |   | , 6]1.  | 85                            |                     |                  |             |                  |                      | 57 R                         |                     | ١,                                     |
| E. Ending Cash Balar<br>(Subtract Line D from   |                                   | resign program in<br>Transport to the first |                | \$  | 70  | 7.69                          |                     |                  |             |                  |                      |                              |                     | š<br>•                                 |
| F. Value of In-Kind (<br>(From Schedule II)     |                                   |   | 14508<br>14368 |   | ٥٥  |                               |                     |                  |             |                  |                      | Š                            |                     |  |
| G. Unpaid Debts and<br>(From Schedule IV)       | : N: 446711152-E125221122         | ns were brighten<br>werdbing was in the     |                | \$ <u>@.</u>  | 00  | <del>-</del> -1               |                     |                  |             |                  |                      |                              |                     |  |
| Part 1- If this is a <b>Com</b> n               | mittee report                     | treasurer sign h                            | ere If         | this is a≪a   |   | fic <b>ag</b> it Se           |                     | gn here          |             |                  |                      |                              |                     |  |
| I swear (or affirm) that                        | this report,                      | including the atta                          | ched s         | chedul  | n pa <b>k</b> er  | is to the                     | best of my          | knowle           | dge and b   | elief true       | , correct            | and compl                    | ete.                |  |
| Sworn to and subscribe                          | ^                                 | this  |                | i S   | cemt  | atton                         | <u>ر</u>            | ) del            |             | $\wedge$         | _                    |                              |                     |  |
| S day of W                                      | Jan Lai                           | 70 23<br>11/1                               | _              | Notary  |   | Ssoci                         | 1) 15               | ignature         | of Perso    | Submitt          | ing repor            | rt                           |                     |  |
| Sign  | latur 00                          | 20C   | _              | People  | Erie Cou<br>expires<br>ion pumi                         | A Bulla A                     | Klb                 | ecc.             |             | d/Name           |                      |                              | <del></del>         |  |
| My Commission expire                            | . 12-                             | 02-2026                                     | 9 😘            | nwealth of <u>Pan</u><br>Sue Sheffield                            | Ei<br>ilone<br>ilssio                                   | Pennsylvania Asso             | 814                 |                  |             | 88               | 7/-0                 | 7791                         |                     |  |
| with commission supris                          | MO.                               | DAY YR.                                     | _              | Sue   | Erie Cour<br>mmission expires [<br>Commission numh      | er, Pen                       | Area Code           | _                |             | Daytin           | ne Telepi            | hone Numl                    | ber                 |  |
| Part II- If this is a repor                     | rt of a Candid                    | late's Authorized                           | Comn           | nittea can  | ild <b>ag</b> e si                                      | 祖 sign h                      | ere.                | alated ar        | ny provisio | ne of the        | Act of l             | ine 3 1937                   | 7/DI 1333           | VO 320) as                             |
| amended.  | t to the best                     | or my knowledge                             | anu pe         |   | <del></del>   | Nota                          | nas not vic         | Jiateu ai        | iy provisic | ons or the       | ACC OF 3C            | ine 5, 1557                  | (r .E. 1555,        | 10.320, 83                             |
| Sworn to and subscribe                          | ed before me                      | this  |                | - Notary<br>Sublic  | mber<br>2444  | on of I                       |                     | 0                | 1           | 701              | _                    | +                            |                     |  |
|   | lay                               | 20 23                                       | _              | lary F  | er 14   | ociati                        |                     | $\mathcal{H}$    | <u> </u>    | 10               | ميا                  |                              |                     |  |
| Sue   | Sheim                             | celd_                                       |                | nnsyl<br>NO   | Erre County<br>expires Der<br>ion number                | a Ass                         |                     | ව <sup>Sig</sup> | nature of   | Candidat<br>ahrt | e                    |                              |                     |  |
| Sign  | ature 00                          | 0 0   | _              | of Pe   | Erre<br>n exp<br>sion r                                 | ylvani                        | 02-                 | 7                | Printed     | Name             | ( )                  | 6-71                         | י ר<br>ר ר          |  |
| My Commission expire                            | es 12-0<br>MO.                    | <del>D-202(</del><br>DAY YR.                | <u> </u>       | nmonweatth ôf Pennsylvania - Nota<br>Sue Sheffield, Notary Public | commission expires December 2, Commission number 142443 | Pennsylvania Association of I | 45<br>Area Code     | <u></u>          |             | Dautim           | e Teleph             | one Numb                     | er er               |  |
|   | WIU.                              | UAI IK.                                     |                | WHOTH SEL   | S P   | mber, P                       | nica coue           |                  |             | Daytiill         | e reiepii            | one willing                  | C1                  |  |
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### 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   |      |                            |
|---|------|----------------------------|
| Total for the reporting period  | (1)  | \$<br>1,642.79             |
| 2. Contributions of \$50.01 to \$250.00 (From<br>Part A and Part B)   |      |                            |
| Contributions Received from Political Committees (Part A)   |      | \$<br>80.00                |
| All Other Contributions (Part B)  |      | \$<br>3486.75              |
| Total for the reporting period  | (2)  | \$<br>3,486.75<br>3,566.75 |
| 3. Contributions Over \$250.00 (From Part C and Part D)   |      |                            |
| Contributions Received from Political Committees (Part C)   |      | \$<br>18,030.00            |
| All Other Contributions (Part D)  |      | \$<br>5,080 .00            |
| Total for the reporting period  | (3)  | \$<br>23,110.00            |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)   |      |                            |
| Total for the reporting period  | (4)  | \$<br>28,319.54 0,00       |
| 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, Rep Cover Page, Item B) | port | \$<br>28,319.54            |

## **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 LPAC Eric | Date [MM/DD/YYYY] \$ 03 [29 [2023 | 80.00  |
| House # 120 Street Address W Loth Street      | Date [MM/DD/YYYY] \$              |        |
|   | 6501 Date [MM/DD/YYYY] \$         |        |
| Full Name of Contributing  Committee          | Date [MM/DD/YYYY] \$              |        |
| House # Street Address                        | Date [MM/DD/YYYY] \$              |        |
| City State Zip Gode                           | Date [MM/DD/YYYY] \$              |        |
| Full Name of Contributing  Committee          | Date [MM/DD/YYYY] S               |        |
| House # Street Address                        | Date [MM/DD/YYYY] \$              |        |
| City State Zip Code                           | Date [MM/DD/YYYY] \$              | .,     |
| Full Name of Contributing Committee           | Date [MM/DD/YYYY] 5               |        |
| 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] S               |        |

## **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.)

Page 1

| Full Name of Contributor | Charles Scalise           | Date [MM/DD/YYYY] \$ 02/24(2023    | 100.00 |
|--------------------------|---------------------------|------------------------------------|--------|
| House # 1325 Street      | 5 Shore Dr                | Date [MM/DD/YYYY] \$               |        |
| Clay Eric                | State PA Zip Code 16505   | Date [MM/DD/YYYY] \$               |        |
| Full Name of Contributor | LI Wegard                 | Date [MIM/DD/YYYY] 5               | 82.89  |
| House # 4602 Stre        | Bass wood Dr.             | Date [MM/DD/YYYY] \$               |        |
| City Eric                | State PA Zip Code /6506   | Date [MM/DD/YYYY] \$               |        |
| Full Name of Contributor | Jim Burlin                | Date [MM/DD/YYYY] \$ 03 [21 (202)  | 103.48 |
| House # 1406 Stre        | et Address Peach St       | Date [MM/DD/YYYY] \$               |        |
| city Eric                | State PA Zip Code 16501   | Date [MM/DD/YYYY] \$               |        |
| Full Name of Contributor | RICK Rambaldo             | Date [MM/DD/YYYY] \$ 03 [21   2023 | 103.48 |
| Hause # 1229 Stre        | et Address State Street   | Date [MM/DD/YYYY] \$               |        |
| City                     | State PA Zip Code 16501   | Date [MM/DD/YYYY] \$               |        |
| Full Name of Contributor | Rich Wagner               | Date [MM/DD/YYYY] \$ 03 /29 (2023  | 100.00 |
| House # 4228             | State Street              | Date [MM/DD/YYYY] \$               |        |
| City                     | State PA Zip Code 16508   | Date [MM/DD/YYYY] S                |        |
| Full Name of Contributor | Mike Mahrt                | Date [MM/DD/YYYY] \$ 03/29(2023    | 100.00 |
| 6769                     | set Address Sun Ridge Way | Date [MM/DD/YYYY] \$               |        |
| City Waynes vi           | State OH Zip Code 45068   | Date [MM/DD/YYYY] \$               |        |

#### **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:

Page Z

Full Name of Contributor Date [MM/DD/YYYY] \$ Gary Boldt 100.00 03/29/2023 House# Date [MM/DD/YYYY] Street Address Tanger Dr. 3600 City Date [MM/DD/YYYY] Eric 16506 Full Name of Contributor Date [MM/DD/YYYY] \$ PIESTE McCornick 250.00 03/29/2023 House # Street Address Date [MM/DD/YYYY] \$ PO BOX 9852 City Date [MM/DD/YYYY] \$ Zip Code 16505 Eric Full Name of Contributor Date [MM/DD/YYYY] \$ 100.00 Robert Zaruta 03/30/2023 House # Date [MM/DD/YYYY] \$ Street Address Shawner Dr 306 City Date [MM/DD/YYYY] Zip Code Eric 16505 **Full Name of Contributor** Date [MM/DD/YYYY] Timothy McNair 100.00 03/30/2023 Street Address Date [MM/DD/YYYY] House # State Street 821 City Date [MM/DD/YYYY] Zip Code 16501 ETIL Full Name of Contributor Date MM/DD/YYYY S Michael Trach 100.00 03/30/2023 Street Address House # Date [MM/DD/YYYY] Cherry Street 620 City Zip Code Date [MM/DD/YYYY] 16501 Eric Full Name of Contributor Date [MM/DD/YYYY] \$ Eric Mikouch 10000 03/30/2023 House # Date [MM/DD/YYYY] Street Address Ivarca Rd 10290 City Zip Code Date [MM/DD/YYYY] 15410 Enc

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### **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.)

Page 3

Filer Identification Number: Full Name of Contributor Date [MM/DD/YYYY] \$ Anthony Angelone 200.00 03/30/2023 House # Date [MM/DD/YYYY] \$ Street Address Colorado Dr. 522 City Zip Code Date [MM/DD/YYYY] S Eric 16505 Full Name of Contributor Date [MM/DD/YYYY] \$ David Brennan 100.00 03/30/2023 House # Date [MM/DD/YYYY] S Street Address Glenside AVE. 3407 City Zip Code Date [MM/DD/YYYY] \$ Erie 16508 Full Name of Contributor Date [MM/DD/YYYY] \$ Arthur Martin ucci 250.00 03/30/2023 House # Date [MM/DD/YYYY] Street Address Hurvest Bend 3031 City Zip Code Date [MM/DD/YYYY] 16506 Eric Full Name of Contributor Date [MM/DD/YYYY] Paul Lukach 80.00 03/30/2023 Street Address House # Date [MM/DD/YYYY] PO BOX 1003 City Zip Code Date [MM/DD/YYYY] Ede 16512 Full Name of Contributor Date [MM/DD/YYYY] S Gary Johnson 103.48 03/30/2023 Street Address House # Date [MM/DD/YYYY] S Shore Dr. 1950 City Date [MM/DD/YYYY] Zip Code Eric 16505 Full Name of Contributor Date [MM/DD/YYYY] \$ Mork Dombrowski 103.48 03/30 (2023 House # Street Address Date [MM/DD/YYYY] S 100 Eric Isurana Place Zip Code City Date [MM/DD/YYYY] \$ 16530 Erie

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# **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.)

Page 4

| Filer Identification Number:                 |   |        |
|--|---|--------|
| Full Name of Contributor Christian Siembreda | Date [MM/DD/YYYY] \$ 03/30/2023   | 750.00 |
| House # 1001 Street Address State Street     | Date [MM/DD/YYYY] S   |        |
| City Eric State PA Zip Code 16501            | Date [MM/DD/YYYY] S   |        |
| Full Name of Contributor  A a Ton Lundgung   | Date [MM/DD/YYY] \$ 03  30 2023   | 206.46 |
| House # 152 Street Address E 38th Street     | /Date [MM/DD/YYYY] \$   |        |
| City Eric State PA Zip Code 16504            | Date [MM/DD/YYYY] \$  |        |
| Full Name of Contributor Patrick Harkins     | Date [MM/DD/YYYY] \$  O \$\forall 0 \tau \langle 2 \langle 2 \tau 2 \tau 2 \tau 3 | 100,00 |
| House # 2665 Street Address Schly Street     | Date [MM/DD/YYYY] \$  |        |
| City Eric State PA Zip Code 16508            | Date [MM/DD/YYYY] \$  |        |
| Full Name of Contributor Mike Nolan          | Date [MIM/DD/YYYY] \$   | 103.48 |
| House # 5322 Street Address Cosmic Way       | Date [MM/DD/YYYY] \$  |        |
| city Fairview State PA Zip Code 16415        | Date [MM/DD/YYYY] \$  |        |
| Full Name of Contributor  Eric Vay           | Date [MM/DD/YYYY] s   | 200.00 |
| House # 491 Street Address Edgewood Dr.      | Date [MM/DD/YYYY] \$  |        |
| City Eric State PA Zip Code 16415            | Date [MM/DD/YYYY] \$  |        |
| Full Name of Contributor Gerald Kanon Czyk   | Date [MM/DD/YYYY] \$ 04(21(2023   | 100.00 |
| House # 226 Street Address Seminale Drive    | Date [MM/DD/YYYY] \$  |        |
| Eric State PA Zip.Code 16505                 | Date [MM/DD/YYYY] \$  |        |

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# **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:

Page 5

| Full Name of Contributor | Ton Tupitz                        | a               | Date [MM/DD/YYYY] \$ 04 [26 [2023 | 200.00 |
|--------------------------|-----------------------------------|-----------------|-----------------------------------|--------|
| House # 461              |                                   | d               | Date [MM/DD/YYYY] \$              |        |
| Eric Eric                | State PA                          | Zip Code 1650   |                                   |        |
| Full Name of Contributor | Joe Lumbo                         | S               | Date [MM/DD/YYYY] \$ O4129/2023   | 150.00 |
| House # 4994 Street      | Joe Lumbo.  t Address  Cardington | brun            | Date [MM/DD/YYYY] \$              |        |
| Cantan                   | State 0H                          | Zip Code<br>447 | Date [MM/DD/YYYY] \$              |        |
| Full Name of Contributor |                                   |                 | Date [MM/DD/YYYY] \$              |        |
| Hause # Stree            | t Address                         |                 | Date [MM/DD/YYYY] \$              |        |
| City                     | State                             | Zip Code        | Date [MM/DD/YYYY] S               |        |
| Full Name of Contributor |                                   |                 | Date [MM/DD/YYYY] \$              |        |
| House # Stree            | t Address                         |                 | Date [MM/DD/YYYY] \$              |        |
| City                     | State/                            | Zip Code        | Date [MM/DD/YYYY] S               |        |
| Full Name of Contributor |                                   |                 | Date [MM/DD/YYYY] \$              |        |
|                          | t Address                         |                 | Date [MM/DD/YYYY] \$              |        |
| City                     | State                             | Zip Code        | Date [MM/DD/YYYY] \$              |        |
| Full Name of Contributor |                                   |                 | Date [MM/DD/YYYY] \$              |        |
| House # Street           | t Address                         |                 | Date [MM/DD/YYYY] S               |        |
| City                     | State                             | Zip Code        | Date [MM/DD/YYYY] \$              |        |

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#### 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.

| Full Name of<br>Contributing Committee   | ie Fire Fighters PAC         | Date [MM/DD/YYYY] \$ 03/29/2023     | 80.00              |
|--|------------------------------|-------------------------------------|--------------------|
| House # Street Addr                      | Po Bux 3576                  | Date [MM/DD/YYYY] \$                | 250.00             |
| CITY Eric                                | State PA Zip Code /6508      | Date [MM/DD/YYYY] \$                |                    |
| Full Name of Contributing Committee      | F6 PAPAC                     | Date [MM/DD/YYYY] \$                | 200. <del>00</del> |
| House# Street Addr                       | PO DOX 2018                  | Date [MM/DD/YYYY] \$                | 500.00             |
| city Eric                                | State PA Zip Code 16512      | Date [MM/DD/YYYY] \$                |                    |
| Full Name of Contributing Committée      | wither to Elect Dan Laughlin | Date [MM/DD/YYYY] \$                | 10,000.00          |
| House # Street Addit                     |                              | Date [MM/DD/YYYY] \$                | <u>'</u>           |
| City Erie                                | State PA Zip Code 16506      | Date [MM/DD/YYYY] \$                |                    |
| Full Name of Contributing Committee      | ic Insurance PAC             | Date [MM/DD/YYYY] S                 | 1,000.00           |
| House # 100 Street Addr                  | Eric Insurance Place         | Date [MM/DD/YYYY] S                 |                    |
| city Eric                                | State PA Zip Code 76530      | Date [MM/DD/YYYY] \$                |                    |
| Full Name of<br>Contributing Committee 0 | orthwest Good Government Pl  | Date [MM/DD/YYYY] \$ 4C 04 [27/zoz3 | 5,000.00           |
| House # Street Addr                      | State St Suite 440           | Date [MM/DD/YYYY] \$                |                    |
| Eric Eric                                | State PA Zip Code 16507      | Date [MM/DD/YYYY] S                 |                    |
| Full Name of Contributing Committee      | ic Refocused PAC             | Date [MM/DD/YYYY] \$                | 1,000.00           |
| House # Street Addr                      | ess State Street Suite 323   | Date [MM/DD/YYYY] \$                |                    |
| env Eric                                 | State PA Zip Code 16501      | Date [MM/DD/YYYY] \$                |                    |

#### PART D

### **All Other Contributions**

Over \$250.00

Page 1

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: Date [MM/DD/YYYY] \$ Full Name of Contributor 1,000.00 Boldt Doug 02/24/2023 Date [MM/DD/YYYY] House# Street Address 238 Cornetrut Drive Date [MM/DD/YYYY] Zip Code City 16505 Eric Employer Name Occupation Tech Specalist Amazon Employer Mailing Address / 410 Tory AVL N Scattle WA 98109 Principal Place of Business Date [MM/DD/YYYY] \$ Full Name of Contributor Sundy Styn 02/24/2023 Date [MM/DD/YYYY] \$ Street Address House # 4510 Pineview Ct 03/30/2023 Date [MM/DD/YYYY] \$ City Zip Code Eric 16506 Occupation **Employer Name** Retired NIA **Employer Mailing Address /** Principal Place of Business Date [MM/DD/YYYY] \$ Full Name of Contributor Owen Mc Mornick 500.00 03/29/2023 House # Street Address Date [MM/DD/YYYY] \$ S Shore Dr. 1608 City Date [MM/DD/YYYY] 16505 Eric Occupation **Employer Name** Joseph McCornicx Construction President Employer Malling Address / 3340 Peurl Ave Eric PA 16510 Principal Place of Business Date [MM/DD/YYYY] Full Name of Contributor 500.00 Al Richardson 03/30/2023 Date [MM/DD/YYYY] House # Street Address Niagara Pier 27 City State Zip Code Date [MM/DD/YYYY] 16507 EriL Occupation **Employer Name** Retired

Employer Mailing Address / Principal Place of Business

#### PART D

# All Other Contributions Page Z

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: |   |  |  |      |
|------------------------------|---|--|--|------|
|                              |   |  |  | ,    |
|                              | * |  |  | <br> |

|   | il English              | 03/30/2023 1,500.00               |
|---|-------------------------|-----------------------------------|
| House # Street Address                                    | W 3rd Street            | Date [MM/DD/YYYY] \$              |
| env Eric  | State PA Zip Code 16507 | Date [MM/DD/YYYY] \$              |
| Empløyer Name   | Arent Fox               | Occupation Govt Relations Advisor |
| Employer Mailing Address /<br>Principal Place of Business | 1717 K Street NW Wash   | ington DC 20006                   |
|   | ohn Ferretti            | 05(01/2023 ) 000.00               |
| House# 1237 Street Address                                | St Marys Dave           | Date [MM/DD/YYYY] \$              |
| Eric  | State PA Zip Code 16509 | Date [MM/DD/YYYY] \$              |
| Employer Name   | LECOM                   | Occupation President              |
| Employer Mailing Address /<br>Principal Place of Business | 2010 W 38th Street Eric | _ PA                              |
| 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   |                         | <b>Occupation</b>                 |
| Employer Mailing Address /<br>Principal Place of Business |                         |                                   |
| Full Name of Contributor                                  |                         | Date [MIM/DD/YYYY] 5              |
| House # Street Address                                    |                         | Date [MM/DD/YYYY] \$              |
| City  | State Zip Code          | Date [MM/DD/YYYY] \$              |
| Employer Name   |                         | Occupation                        |
| Employer Mailing Address /<br>Principal Place of Business | ·····                   |                                   |

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#### **PART E**

# **Other Receipts**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. N/A
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Filer Identification Number |  |  |  |                      |
|-----------------------------|--|--|--|----------------------|
|                             |  |  |  |                      |
| Fúll Name                   |  |  |  |                      |
| House# St                   | reet Address                                 |  |  |                      |
| City                        |  | State  | Zip<br>Code  | Date [MM/DD/YYYY] \$ |
| Receipt Description         |  |  |  |                      |
|                             |  |  |  |                      |
| Full Name                   |  |  |  |                      |
| House # St                  | reet Address                                 |  |  |                      |
| City                        |  | State  | Zip<br>Code  | Date [MM/DD/YYYY] \$ |
| Receipt Description         |  |  | Code   |                      |
|                             |  |  |  |                      |
| Full Name                   |  |  |  |                      |
| House# St                   | reet Address                                 |  |  |                      |
| City                        | <u> 1900-luni 1900 (noticus)</u><br>Historia | State  | Zip<br>Code  | Date [MM/DD/YYYY] \$ |
|                             |  |  | Code   |                      |
| Receipt Description         |  |  |  |                      |
| Full Name                   |  |  | ·  |                      |
| House # St                  | reet Address                                 |  |  |                      |
| City                        |  | State  | Zip  | Date [MM/DD/YYYY] \$ |
|                             |  |  | Code   |                      |
| Receipt Description         |  | Variation American                             | transcription of the second of |                      |
| Full Name                   |  |  |  |                      |
| House # St                  | reet Address                                 |  |  |                      |
| City                        |  | State  | Zip .  | Date [MM/DD/YYYY] \$ |
|                             |  |  | Codé   |                      |
| Receipt Description         |  | VIII da il |  | J. ESCHELL           |
| Full Name                   |  |  |  |                      |
| House # St                  | reet Address                                 | <del></del> -                                  | <del></del>  |                      |
| City                        |  | State  | Zip  | Date [MM/DD/YYYY] \$ |
|                             |  |  | Code   | Date [MM/DD/YYYY] \$ |
| Receipt Description         |  | · · · · · · · · · · · · · · · · · · ·          |  |                      |

#### SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED $N \downarrow A$

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 CONTRIE  | iderom President     |                    | IR NESCS PERIODNE PRINCIPIE |   |
| 2. Our Edited William Colonia  |                      | WINE OI AND A      |                             |   |
| TOTAL for the reporting period   | (1)                  | \$                 | 0.00                        |   |
|  |                      |                    |                             |   |
| 2. IN-KIND CONTRIBUTIONS REC   | EIVED-VALUE OF \$50. | 01 TO \$250.00 (FI | ROM PART F)                 |   |
| TOTAL for the reporting period   | (2)                  | \$                 | 0.00                        |   |
|  |                      |                    |                             |   |
| 3. IN-KIND CONTRIBUTION RECE   | VED-VALUE OVER \$2   | 50,00 (FROM PAR    | T <b>G</b> J                |   |
| TOTAL for the reporting period   | (3)                  | \$                 | 0.00                        |   |
|  |                      |                    |                             |   |
| TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from |                      |                    | 0.00                        |   |
| on Page 1, Report Cover Page, Item F)  |                      |                    |                             |   |
|  |                      |                    |                             |   |

#### SCHEDULE II PART F

# In-Kind Contributions Received N/A

VALUE OF \$50.01 TO \$250

| Filer Identification Number:                     |                      |
|--|----------------------|
|  |                      |
| Full Name of Contributor                         | Date [MM/DD/YYYY] 5  |
| House # Street Address                           | Date [MM/DD/YYYY] \$ |
| City State Zip Gode                              | Date [MM/DD/YYYY] \$ |
| Description of Contribution                      |                      |
| Full Name of Contributor                         | Date [MM/DD/YYYY] \$ |
| House # Street Address                           | Date [MM/DD/YYYY] 5  |
| City State Zip Code                              | Date [MM/DD/YYYY] \$ |
| Description of Contribution                      |                      |
| Full Name of Contributor                         | Date [MM/DD/YYYY] S  |
| 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  Description of Contribution | Date [MM/DD/YYYY] \$ |
| Prescription of Contribution                     |                      |

# SCHEDULE II

#### Part G

# In-Kind Contributions Received $N \mid A$

VALUE OVER \$250

| 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  Employer Mailing Address / Principal |                                       | Occupation Description                |
| Place of Business Full Name of Contributor          |                                       | of Contribution  Date [MM/DD/YYYY] \$ |
| House # Street Address                              |                                       | Date [MM/DD/YYYY] \$                  |
|   |                                       |                                       |
| City  Employer Name                                 | State Zip Gode                        | Date [MM/DD/YYYY] \$                  |
| Employer Mailing Address / Principal                |                                       | Occupation  Description               |
| Place of Business Full Name of Contributor          |                                       | of Contribution  Date [MM/DD/YYYY] \$ |
| House # Street Address                              |                                       | Date [MM/DD/YYYY] \$                  |
| City Street Address                                 | State Zip Code                        | Date [MM/DD/YYYY] \$                  |
|   | State Zip code                        |                                       |
| Employer Name Employer Mailing Address / Principal  |                                       | Occupation Description                |
| Place of Business Full Name of Contributor          |                                       | of Contribution Date [MM/DD/YYYY] \$  |
| House # Street Address                              | · · · · · · · · · · · · · · · · · · · | Date [MM/DD/YYYY] \$                  |
| City  | State Zip Code                        | Date [MM/DD/YYYY] \$                  |
| Employer Name                                       |                                       | Occupation 9                          |
| Employer Mailing Address / Principal                |                                       | Description                           |
| Place of Business                                   |                                       | of<br>Contribution                    |

# Statement of Expenditures Page 1

| To Whom Paid Victory Store. Com  | Date [MM/00/YYYY] \$ 619.58   |
|--|---|
| House # 5200 Street Address SW 3014 St   | Description of Expenditure  |
| City Davenport State IA Zip 52802  | Signs   |
| Ta Whom Paid Pay Pul   | 04/030/23 64.53   |
| House # 2211 Street Address N 1st Street   | Description of Expenditure  |
| City San Jose State CA Zip 9513[   | Processing Fees   |
| La Nuova Autora  | O3 (30/2023 822.60  |
| House # 1518 Street Address Walnut St  | Description of Expenditure  |
| Gity Eric State PA Zip 16502   | Fundraisur Food ? Drink   |
| To Whom Paid Mc County Printing  | 04/03/2023 572.40   |
| House # 246 Street Address E 7th Strut   | Description of Expenditure  |
| City Eric State PA Zip 16503   | Poor Hungus   |
| Transportation and the second and th | CONTRACTOR |
| Northwest Bank   | O4[27[2023 6.00   |
| House # 850 Street Address Pittsburgh Ave  | 200   |
| Northwest Bank   | 04/27/2023  |
| Northwest Bank  House # 850 Street Address Pittsburgh Ave  City Erie State PA Zip Code 16505  To Whom Paid WICU/WSEE   | O4/27/2023  Description of Expenditure  Check Fee  Date [MM/DD/YYYY] \$ 6, 787.25   |
| Northwest Bank  House # 850 Street Address Pittsburgh Ave  City Erie State PA Zip Code 16505  To Wham Paid WICU/WSEE  House # 3514 Street Address State Street   | O4[27[2023]  Description of Expenditure  Check Fee  Date [MM/DD/YYYY] \$ 6 72 7 25  |
| Northwest Bank  House # 850 Street Address Pittsburgh Ave  City Erie State PA Zip Code 16505  To Wham Paid WICU/WSEE   | O4/27/2023  Description of Expenditure  Check Fee  Date [MM/DD/YYYY] \$ 6, 787.25   |
| Northwest Bank  House # 850 Street Address Pittsburgh Ave  City Erie State PA Zip Gode 16505  To Whom Paid WICU/WSEE  House # 3514 Street Address State Street  City Eric State PA Zip Gode 16505  To Whom Paid WJET   | Description of Expenditure  Check Fee  Date [MM/DD/YYYY] \$ 6, 787.25  Description of Expenditure  TV Ad BUY  Date [MM/DD/YYYY] \$ 5,036.25   |
| Northwest Bank  House # 850 Street Address Pittsburgh Ave  City Erie State PA Zip Gode 16505  To Whom Paid WICU/WSEE  House # 3514 Street Address State Street  City Erie State PA Zip Gode 16505  To Whom Paid WJET  House # 8455 Street Address Peach Street   | Description of Expenditure  Check Fee  Date [MM/DD/YYYY] \$ 6, 787.25  Description of Expenditure  TV Ad BUY  Date [MM/DD/YYYY] \$ 5  |
| Northwest Bank  House # 850 Street Address Pittsburgh Ave  City Erie State PA Zip Gode 16505  To Whom Paid WICU/WSEE  House # 3514 Street Address State Street  City Erie State PA Zip Gode 16505  To Whom Paid WJET  House # 8455 Street Address Peach Street  City McKean State PA Zip Gode 16509  | Description of Expenditure  Check Fee  Date [MM/DD/YYYY] \$ 6, 787.25  Description of Expenditure  TV Ad BUY  Date [MM/DD/YYYY] \$ 5,036.25  Description of Expenditure  TV Ad BUY  |
| Northwest Bank  House # 850 Street Address Pittsburgh Ave  City Eric State PA Zip Gode 16505  To Whom Paid WICU/WSEE  House # 3514 Street Address State Street  Eity Eric State PA Zip Gode 16505  To Whom Paid WJET  House # 8455 Street Address Peach Street  City McKean State PA Zip Gode 16509  To Whom Paid Code 16509   | Description of Expenditure  Chack Fall  Date [MM/DD/YYYY] \$ 6, 787.25  Description of Expenditure  TV Ad BUY  Date [MM/DD/YYYY] \$ 5,036.25  Description of Expenditure  TV Ad BUY  Date [MM/DD/YYYY] \$ 5,036.25  Description of Expenditure  TV Ad BUY  Date [MM/DD/YYYY] \$ 5,036.25  |
| Northwest Bank  House # 850 Street Address Pittsburgh Ave  City Efic State PA Zip Code 16505  To Whom Paid WICU/WSEE  House # 3514 Street Address State Street  City Efic State PA Zip Code 16505  To Whom Paid WJET  House # 8455 Street Address Peach Street  City McKean State PA Zip Code 16509  To Whom Paid  | Description of Expenditure  Check Fee  Date [MM/DD/YYYY] \$ 6, 787.25  Description of Expenditure  TV Ad BUY  Date [MM/DD/YYYY] \$ 5,036.25  Description of Expenditure  TV Ad BUY  Date [MM/DD/YYYY] \$ 5,036.25  Description of Expenditure   |

# Statement of Unpaid Debts N (A

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| rigi identilication number                                  |            |  |   |                   |             |
|---|------------|--|---|-------------------|-------------|
| Name of Creditor  House # Street  City  Description of Debt | et Address |  | E DEBT INCURRED MM/DD/YYYY]  Zip Code         | Outstanding Balar | nce of Debt |
| Name of Creditor  House # Stree  City  Description of Debt  | et Address |  | E DEBT INCURRED<br>MM/DD/YYYY]<br>Zip<br>Code | Outstanding Balar | nce of Debt |
| City  Description of Debt                                   | et Address | All the state of t | E DEBT INCURRED<br>MM/DD/YYYY]  Zip Code      | Outstanding Bafai |             |
| Name of Creditor  House # Stree  City  Description of Debt  | et Address |  | E DEBT INCURRED<br>MM/OD/YYYY]<br>Zip<br>Code | Outstanding Balai |             |
| Name of Creditor House # Street City  Description of Debt   | et Address |  | E DEBT INCURRED<br>MM/DD/YYYY]<br>Zip<br>Code | Outstanding Bala  | nce of Debt |
| Name of Creditor  House # Stree  City  Description of Debt  | et Address |  | E DEBT INCURRED MM/DD/YYYY]  Zip Code         | Outstanding Bala  | nce of Debt |

# Statement of Expenditures Page 2

| THE RESERVE OF THE PROPERTY OF | <br> |  |
|--|------|--|
| Filer Identification Number:   |      |  |
| riiei igeniincanoii namioei.   |      |  |
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| To Whom Paid    | .communications ( | Concepts       |             | Date [MM/DD/YYYY] 5<br>04[28]Z023 | 1,848.74  |
|-----------------|-------------------|----------------|-------------|-----------------------------------|---|
| House # 2906 St | reet Address Z906 | Williams Pen   | Hwy Svite,  | Description of Expenditure        |   |
| eny Easton      | State             | PA Zip<br>Code | 18045       | Mailer 2                          |   |
| To Whom Paid    | Communications    | Concepts       |             | Date [MM/DB/YYYY] \$ 05[02[2023   | 5,968.38  |
| 2906 St         | rock a delraca    | ian Penthuy Su | ite 401     | Description of Expenditure        |   |
| env Easton      | State             | PA Zip         | 18045       | Mailer 3                          |   |
| To Whom Paid    |                   | ···            |             | Date [MM/DD/YYYY] \$              |   |
| House# St       | reet Address      |                |             | Description of Expenditure        |   |
| City            | State             | Zip<br>Code    |             |                                   | 2000-04 hasil 1950 100 2000 1958 1958 1958 1958 1958 1958 1958 1958 |
| To Whom Paid    |                   |                |             | Date [MM/DD/YYYY] \$              |   |
| House # St.     | eet Address       |                |             | Description of Expenditure        |   |
| City            | State             | Zip<br>Code    |             |                                   | an panamanan ere erene standard das militario (1916).               |
| To Whom Paid    |                   |                | <del></del> | Date [MM/DD/YYYY] \$              |   |
|                 | eet Address       | ·              |             | Description of Expenditure        |   |
| City            | State             | Zip<br>Code    |             |                                   | -   |
| To Whom Paid    |                   |                |             | /Date [MM/DD/YYYY] \$             |   |
|                 | eet Address       |                |             | Description of Expenditure        |   |
| City            | State             | Zip<br>Code    |             |                                   |   |
| To Whom Paid    |                   |                |             | Date [MM/DD/YYYY] \$              |   |
|                 | reet Address      |                |             | Description of Expenditure        |   |
| City            | State             | Zip<br>Code    |             |                                   |   |
| To Whom Paid    |                   |                |             | Date [MM/DD/YYYY] \$              |   |
|                 | reet Address      |                |             | Description of Expenditure        |   |
| City            | State             | Zip<br>Code    |             |                                   | en e                            |

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