

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) | <input checked="" type="checkbox"/> | Candidate | <input type="checkbox"/> | Committee | <input type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | Pamela Nolan | | | | | | | |
| Street Address | | 2601 Rice Rd | | | | | | | |
| City | Edinboro | State | PA | Zip Code | 16412 | | | | |

Type of Report (Place x under report type)

| | | | | | | | | |
|--|---|-------------------------------|--|---|--------------------------------|--------------------------|---|-------------------------------------|
| 1- 6th Tuesday Pre-Primary | 2- 2nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6th Tuesday Pre- Election | 5- 2nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2nd 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 |
| | 04/01/2023 | 05/01/2023 | |
| A. Amount Brought Forward From Last Report | \$ | 0 | <p style="text-align: center;">2023 MAY -4 PM 4:22 ERIE COUNTY VOTER REGISTRATION</p> |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 826.77 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 826.77 | |
| D. Total Expenditures (From Schedule III) | \$ | 826.77 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 0 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 1,250.00 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0 | |

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

Sworn to and subscribed before me this

4th day of May 202023
Amy S. Watson
 Signature

My Commission expires 12 6 2026
 MO. DAY YR.

Pamela L. Nolan
 Signature of Person Submitting report
Pamela L. Nolan
 Printed Name
814
 Area Code
450-5174
 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

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) | \$ | |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | | |
| Contributions Received from Political Committees (Part A) | | \$ | |
| All Other Contributions (Part B) | | \$ | |
| Total for the reporting period | (2) | \$ | |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | | |
| Contributions Received from Political Committees (Part C) | | \$ | |
| All Other Contributions (Part D) | | \$ | 826.77 |
| Total for the reporting period | (3) | \$ | 826.77 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | | |
| Total for the reporting period | (4) | \$ | |
| 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> | | \$ | |

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] | | \$ |
| Pamela Nolan | | | | | 04-25-2023 | | 276.77 |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | \$ |
| 2601 | Rice Rd | | | | 04-06-2023 | | 100.00 |
| City | State | Zip Code | | Date [MM/DD/YYYY] | | \$ | |
| Edinboro | PA | 16412 | | 04-11-2023 | | 350.00 | |
| Employer Name | | | | | Occupation | | |
| Sarah Reed | | | | | Clinical Care Aide | | |
| 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 | | | | | | | |
| | | | | | | | |

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) | <div style="display: flex; align-items: center;"> \$ <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> </div> |

| | | |
|---|-----|--|
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the reporting period | (2) | <div style="display: flex; align-items: center;"> \$ <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> </div> |

| | | |
|---|-----|--|
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) | | |
| TOTAL for the reporting period | (3) | <div style="display: flex; align-items: center;"> \$ <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> 1,250.00 </div> </div> |

| | | |
|---|--|--|
| 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) | | <div style="display: flex; align-items: center;"> \$ <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> 1,250.00 </div> </div> |
|---|--|--|

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

| | | | | | | | | | |
|--|----------|----------------|----|----------|-------|-----------------------------|--|----------------------------------|----------|
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| Carrie Eastman Crow | | | | | | | | | 4/4/2023 |
| House # | 5341 | Street Address | | Rt 6N | | Date [MM/DD/YYYY] | | \$ | |
| City | Edinboro | State | PA | Zip Code | 16412 | Date [MM/DD/YYYY] | | \$ | |
| Employer Name | | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | Description of Contribution | | Attorney fee to defend challenge | |
| 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 | | Vistaprint | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | 4/25/2023 | | 276.77 |
| House # | 275 | Street Address | Wyman St | | Description of Expenditure | | |
| City | Waltham | State | MA | Zip Code | 02451 Yard signs | | |

| | | | | | | | |
|--------------|--|--------------------------|--|----------|----------------------------|----|--------|
| To Whom Paid | | Go Fund Me - Carrie Crow | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | 04-06-2023 | | 100.00 |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |

| | | | | | | | |
|--------------|--|------------------------|--|----------|----------------------------|----|--------|
| To Whom Paid | | GoFundMe - Carrie Crow | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | 04-11-2023 | | 350.00 |
| 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 | | | |