

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	X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Amy D. Parente	. L				<u> </u>
Street Address	4035 Blueberry Drive				-	*** ***********************************
City Erie		State PA		Zip Code	16510	
Type of Report (Place x under report type)		. A.	*		<u> </u>	
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary		to a substitute for the con-	30 Day Post ection	7- Annual	Special 2 nd Frida Pre-Election	y Special 30 Day Post-Election
	n e ak i					
Date Of Election (MM/DD/YYYY) 05/16/2023	Year		nendment port		Termination Report	
Summary of Receipts and From Date Expenditures	To Date			For	Office Use Only	
04/07/2023		023			Company of the Company	
A. Amount Brought Forward From Last Report	0				<	23
B. Total Monetary Contributions and Receipts (From Schedule !)	\$ 0				076	3
C. Total Funds Available (Sum of Lines A and B)	\$ 0					2 2
D. Total Expenditures (From Schedule III)	\$ 284.6	1			e e	.
E. Ending Cash Balance (Subtract Line D from Line C)	\$ -284	t61			9.5	
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0	,,,,				3: 52
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0					2 8
	1 9 4 A	fidavit Section				
Part 1- If this is a Committee report, treasurer sign h	ere. If this is a Capplidate	report, candida	ate sign here.	ge and belief to	NA correct and com	ploto
Sworn to and subscribed before me this	olic per 2		or my knowledg		de, correct and comp	piete.
4 day of May . 20 23	14.5 14.2		MUA	Was	enk	
I swear (or affirm) that this report, including the attack. Sworn to and subscribed before me this day of May 20 23 Supshippella Signature W My Commission expires 12-02-2024	Sylvan Sylvan Sylvan Sylvan Sylvan Sylvan Sylvan Sylvan Sylvan	Associa	Signature o	of Person Subr	aren	
Signature ()(/	Penni leld h rie Co xpire	ania 🗸	4	Printed Nam	54-10-	1/\
My Commission expires 10 00 DAY YR.	ealth of e Sheff E	Area C	ode	Day	time Telephone Nun	nber
Part II- If this is a report of a Candidate's Authorized						
I swear (or affirm) that to the best of my knowledge amended.	and belief this political o	mittee has ne	ot violated any	provisions of t	he Act of June 3, 193	7 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	<u>ව</u>	≅				
day of20	<u> </u>	<u></u>				
		******	Signa	ature of Candid	late	
Signature			F	Printed Name		
My Commission expires MO. DAY YR.	_	Area C	ode	Davti	ime Telephone Numi	ber
					- C-Sprione Halli	

SCHEDULE I

Contributions and Receipts Detailed Summary Page

and the same of th		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the concepting period (1)		
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	··. ·	
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
Ali Other Contributions (Part D)	\$	0
	-	0
Total for the reporting period (3)	\$	0
Total for the reporting period (3) 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		

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	on Number				
	and the second	·			
					Amount
Full Name of C	Contributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
				E	
City		Ctoto I	7in C-3-	Pinks Fa and Joseph Same	e
-incy	1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C	ontributing	<u> </u>		Date [MM/DD/YYYY]	T S I
Committee				PORE [INIMAN DON 1 1111]	
House #	Street Address			Date [MM/DD/YYYY]	\$
]
City	re as a line of the	State	Zip Code	Date [MM/DD/YYYY]	
	ŀ				1
Full Name of C	ontributing	44V, 11	1 - 11 - 14 - 14 - 14	Date [MM/DD/YYYY]	\$
Committee				Ivaid and 1111	1
Leves #	I Communication of the communi		at .		1.78
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				· ·	<u> </u>
Full Name of Co Committee	ontributing	·.		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$

City	10, 100	State	Zip Code	Date [MM/DD/YYYY]	\$
And the second	ļ			The state of the s	4] [
Full Name of Co	ontributing	La de la		Date [MM/DD/YYYY]	\$
Committee		-		Date [WIN/DD/YYYY]	*
				<u> </u>	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
·					
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee				- * * * * * * * * * * * * * * * * * * *	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		1 1/1	7.0		1
I	1		1		1 . 1

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 Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address	<u> </u>		Date [MM/DD/YYYY] \$	
			102220010000000000000000000000000000000		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	· 8	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intributor	ă.		Date [MM/DD/YYYY] \$	
House #	Street Address	13 13		Date [MM/DD/YYYY] \$	
City	0.00	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co		· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]* \$	
Flouse #				Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$. ,
Full Name of Co				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 Identificatio					
Full Name of Contributing Co	ommittee .			Date [MM/DD/YYYY] \$	
House#	Street Address	5		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee.	PARETINEA.	Pilinderika Legerappanen	Date [MM/DD/YYYY] \$	
House #	Street Address	ý		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee.	No. of the last of		Date [MM/DD/YYYY] \$	
House #	Street Address	6		Date [MM/DD/YYYY] \$	
Gity	Responsible symposium (see	State	-Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee./			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Transmit a com	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co			w .	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co				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 Co	intributor.	-		Date [MM/DD/YYYY]
				ATT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
House #	Street Address			Date [MM/DD/YYYY] \$
House #	Street Address			Pate [MM/DD/TTT]
City		State	Zip Code	Date [MM/DD/YYYY] \$
		25 600		
Employer Name				Occupation
Employer Maill		`````		Technologies de la constantina della constantina
Principal Place	Burgers Shiptory and a Lambit Lambert Survey, exc. of the street of the street			DE CONTRACTO DE CO
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	2	F. 99-55 W. 57 C. 5	[A 1] M 1 1 1 1 1 1 1 1 1 1	Occupation
Employer Maili				
Principal Place				
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
translating garage	reserve comme			(86.3)
House#	Street Address			Date [MM/DD/YYYY] \$
			Zip Code	Date [MM/DD/YYYY] \$
City		State	ZID CUBE	Date [MM/DD/1117]
Employer Name				Occupation
Company of the Company	t of the second second			8.00 (20 .00 (20.00 (2
Employer Maili Principal Place	ng Address /			
Full Name of Co	and design the state of the sta	• • • • • • • • • • • • • • • • • • • •	· ·	Date [MM/DD/YYYY] \$
and a second				
House #	Street Address			Date [MM/DD/YYYY] \$
City	,	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		personal systems (fig.)	The instruction is a strain Charge Charge I	Occupation
Employer Maili	ng Address /			
Principal Place				

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.

rie identification viii				
Full Name	**************************************			· .
Andrea (Company)		·		
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		fonderess vel	1 to 2 recent of 1 district Land	Toronto
Full Name				
House#	Street Address			
City sub-supplies on the supplies	in sala	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		100 00 00 00 00	1	
Full Name	70 (15) (17) 17 (17) (17) 18 (17) (17)			
House #	Street Address			
Gity ***		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[803(884,584)]	[1907/100accon]	
Full Name				
House#	Street Address		*	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		min what give day.	#United in the land of the	- Post
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		\$ 50.00 mg/s/2010	Forest restriction (see	H2 № 31
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			**	- Bininka

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 CONTRI	BUTIONS RECEIVED-VALU	JE OF \$50.00 OR LESS PER	CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
A STATE OF THE PROPERTY OF THE PERSON OF THE	TIVET WATER OF SECON	TO 6250 00 (EPOIM PARTIE	T.
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF 330.01	TO SZSOJO (PROM PANJE	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IIVEDAVARUE(OVERIŠ250)	00 (FROM PART G)	
		e profit king ar a const	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals f		1 1	
on Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] (\$
City	[2000 000 000 000 000 000 000 000 000 00	State	Zip Code	Date [MM/DD/YYYY] \$
Description of C	Contribution	4	(C)	Losidanii .
Full Name of Co	ntributor	881		Date [MM/DD/YYYY] \$
		e Egy		
House #	Street Address			Date [MM/DD/YYYY] S
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of C	Contribution			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] S
City	100 - 100 -	State	Zip Code	Date [MM/DD/YYYY] \$
Description of C	ontribution			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
ERWEST IN				
House#	Street Address			Date [MM/DD/YYYY] \$
	Springer and Company Company			
City	2000 2000 2000 2000 2000 2000 2000 200	State	Zip Code	Date [MM/DD/YYYY] S
Description of C	ontribution			
Full Name of Co		<u>**1</u>		Date [MM/DD/YYYY] \$
House #	Street Address	-i		Date [MM/DD/YYYY] \$
	Ju eet Addi cos			<u>0.000,000,000</u> € 2,000,000,000,000,000,000,000,000,000,0
City		State	Zip Code	Date [MM/DD/YYYY] \$
SILY		Jiaie	-tih coda	Pace Divity PD/ 13 1 3
Description of C		64.761-61-61	PARTY RECORD AND AND AND AND AND AND AND AND AND AN	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification	on Number:			
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Park	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	e'	多种等于的影响		Occupation
Employer Mall Place of Busine	ing Address / Principal // PSS		· · · · · · · · · · · · · · · · · · ·	Description of Contribution
Full Name of C	ontributor		. '	Date [MM/DD/YYYY] \$
House #	Street Address			Pate [MM/DD/YYYY] \$
'City	http://www.doctories.com	State	Zip Code	Date [MIM/DD/YYYY] \$
Employer Nam	e			Occupation
Employer Mall Place of Busine	ing Address / Principal sss			Description of Contribution
Full Name of C	ontributor	•		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM//DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	e e e e e e e e e e e e e e e e e e e			Occupation
Employer Mall Place of Busine	ing Address / Principal iss		· · · · · · · · · · · · · · · · · · ·	Description of Contribution
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Employer Nam	a vitar in European in Albertains.			Occupation
Employer Mall Place of Busine	ing Address / Principal ISS			Description of Contribution

Statement of Expenditures

Filer Identification Number:	 *		
TRANSPORT AND CONTRACT CONTRAC			

To Whom Paid				······································		Date [MM/DD/YY	YY] \$	
	Frameit	•				04/07/2023	91000 573	189.74
House # 3799	Street Address	annon Road				Description of Exp	enditure	1
14 S. V.	311			n webstoon in	r	(A. 1975, 32, 72, 34)	144 X 4	180 m
City Erie		State F	PA	Zip Code	16510	Signs and Stakes (20)		
To Whom Paid	Frameit				•	Date [MM/DD/YY	YY] \$	94.87
						04/21/2023	<u>.</u>	J-1.07
House # 3799	Street Address Sh	iannon Road			**	Description of Exp	enalture	
City Erie		State	PA	Zip Code	16510	Signs and Stakes (10)		·
To Whom Paid					,	Date [MM/DD/YY	YY] \$	
House #							1910	
HOUSE #	Street Address					Description of Exp	encicure	a ya a Dalaman ka
Gity		State		Zip Code			Berry State of Market	
To Whom Paid			* *	STANSON TANKS		Date [MM/DD/YY	YY] \$	
							19/31	
House #	Street Address					Description of Exp	enditure	
City		State		Zip Code				
To Whom Paid		100000000000000000000000000000000000000		Table Services		Date [MM/DD/YY	YY] s	
House #	Street Address			<u>.</u>		Description of Exp	enditure	
City	The state of the s	State		Zip Code			ar i tratt og tre delat gjjer	e in equal to the property of the species of the exploration
To Whom Paid	- <u></u> -		·	The second second second		Date [MM/DD/YY	YY] \$	
House #	Talleton a true sool					Description of Exp	22 (c)	
NOUSE II	Street Address		1.			Description of Exp	enunure	ner er e
City		State	41 8.	Zip Code				
To Whom Paid		[0] ongge-samp		Police Space (Section 1)		Date MM/DD/YY	/M] \$	ï
House #	lease a seguesco		. 400			SHOOL MANUSCRIPTOR	0.50 % 0.6 %	alko NATO POV se rokustane na especialisti (2000).
illuse #	Street Address					Description of Exp	enoiture	
City		State		Zip Code		TANDS AND SUPERIOR OF SAME	r. 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
To Whom Pald		[17] SA 12 (17)		programmentali.		Date [MM/DD/YY	/Y] \$	
Burea Baya	Technology and Section		<u>:</u>				17 01 2000 2000	nergial ny met ny ina egy men e en de telefon ave ave a
House #	Street Address					Description of Exp	enaiture	
City	1 × 14(2) (24 × 1474)	State		Zip		Control of the Contro	and the Control	am umre questes mass que seguiata está
		\$ 62 Level		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:

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	S S
		[MM/DD/YYYY]	
City	3	zate di Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	S
k special	Section Control of the Control of th	· [MM/DD/YYYY]	
City		tate Zip	
and the second		Code	
Description of Debt			
Name of Creditor		# # # # # # # # # # # # # # # # # # #	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
Glev		rate Zip	
City		Code	
Description of Debt	* ***		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
			A 67.2. 3
City.	S	late Zip	
Description of Debt		Code	
Name of Creditor	Neith		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/XYYY]	\$
City		Zip Code	
Description of Debt		<u> Coue</u>	[學習]
			18 Control of the con
Name of Creditor		20. 50 <u>12. 12. 12. 12. 12. 12. 12. 12. 12. 12. </u>	Outstanding Balance of Debt
	1 Employment (1997)	DATE DEBT INCURRED	
House #	Street Address	[MM/DD/YYYY]	
House #	Street Address		
		iate Zip	
	S S		