

<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	04/10/2023	05/05/2023	
A. Amount Brought Forward From Last Report	\$.00	<p>ERIE COUNTY</p> <p>MAY 18 2023</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	6777.04	
C. Total Funds Available (Sum of Lines A and B)	\$	6777.04	
D. Total Expenditures (From Schedule III)	\$	4290.63	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2486.41	
F. Value of In-Kind Contributions Received (From Schedule II)	\$.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$.00	

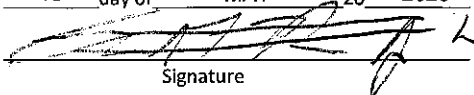
Affidavit Section

Part 1- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

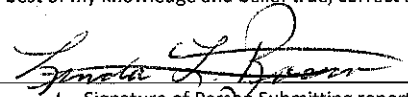
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

10 day of MAY 20 2023


Signature

My Commission expires _____
MO. DAY YR.


Signature of Person Submitting report
Linda L. R.
Printed Name

814

Area Code

240-8774

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.

Contributions Received from Political Committees (Part A)	\$	250.00
All Other Contributions (Part B)	\$	1160.00
Total for the reporting period (2)	\$	1410.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	2472.04
Total for the reporting period (3)	\$	2472.04
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0.00
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>	\$	6777.04

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

City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
ALEX/LAURIE D'ONOFRIO						04/16/2023		100.00
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
JEANNE CAMBRA						04/16/2023		100.00
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
ARMAND/LINDA ROCCO						04/10/2023		100.00
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
SEAN PERSEO						04/16/2023		100.00
House #		Street Address				Date [MM/DD/YYYY]	\$	

House #		Street Address		Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Carl Anderson			Date [MM/DD/YYYY]	\$		
					04/30/2023		100.00	
House #		Street Address		Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		John Steiner			Date [MM/DD/YYYY]	\$		
					04/30/2023		100.00	
House #		Street Address		Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Len / Tara Culbreth			Date [MM/DD/YYYY]	\$		
					05/02/2023		100.00	
House #		Street Address		Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Ron Leglen			Date [MM/DD/YYYY]	\$		
					05/02/2023		100.00	
House #		Street Address		Date [MM/DD/YYYY]	\$			

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

City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation	SMALL BUSINESS OWNER	
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
STEPHEN ADAMS					05/01/2023			500.00
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation	RETIRED SCHOOL TEACHER	
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
JUSTIN MCINTOSH					04/21/2023			500.00
House #		Street Address			Date [MM/DD/YYYY]		\$	
					04/21/2023			500.00
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation	MANAGER AT ENTERPRISE RENTAL	
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
RICK FILIPPI					04/16/2023			400.00

City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation	Retired	
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								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	

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

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]	\$	

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	
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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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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									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		

House #		Street Address		Description of Expenditure
City		State		CHECKS FOR CAMPAIGN
To Whom Paid	DESANTIS SIGNS			Date [MM/DD/YYYY] \$ 1452.20
				04/24/2023
House #		Street Address		Description of Expenditure
City		State		YARD SIGNS
To Whom Paid	DOLLAR GENERAL			Date [MM/DD/YYYY] \$ 26.25
				04/30/2023
House #		Street Address		Description of Expenditure
City		State		FUNDRAISER SUPPLIES
To Whom Paid	THE UPS STORE (5271)			Date [MM/DD/YYYY] \$ 112.36
				05/01/2023
House #		Street Address		Description of Expenditure
City		State		DOOR HANGERS
To Whom Paid	COACH'S SPORTS BAR AND GRILL			Date [MM/DD/YYYY] \$ 527.72
				05/01/2023
House #		Street Address		Description of Expenditure
City		State		COST OF FUNDRAISER
To Whom Paid	THE UPS STORE (5271)			Date [MM/DD/YYYY] \$ 450.50
				04/18/2023
House #		Street Address		Description of Expenditure

House #	Street Address	City	State	Zip Code	Description of Expenditure
					04/10/2023 672.04 Yard Signs
To Whom Paid					Date [MM/DD/YYYY] \$
	Erin Spinelli				04/16/2023 40.00
House #	Street Address	City	State	Zip Code	Description of Expenditure
					Fundraiser Supplies
To Whom Paid					Date [MM/DD/YYYY] \$
	Mike Higgins				04/16/2023 30.85
House #	Street Address	City	State	Zip Code	Description of Expenditure
					Fundraiser Supplies
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address	City	State	Zip Code	Description of Expenditure
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address	City	State	Zip Code	Description of Expenditure
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address	City	State	Zip Code	Description of Expenditure
To Whom Paid					Date [MM/DD/YYYY] \$

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				

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 Statements. 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 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 1 – If this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full 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 Statement is true and correct.



Signature of Candidate

Armand F Rocco Jr

Printed Name

05/18/2023

Date (DD/MM/YYYY)

Erie/PA/United States

Location (City/State/Country)