Date Of Election (MM/DD/YYYY)	05/16/2023	Year 2023		Amendm Report	ent	Term Repo	ination rt		
Summary of Receipts and Expenditures	From Date		o Date			For Office I	Jse Only		
	04/10/2023	0	5/05/2023						
A. Amount Brought Forward I			.00			,			
B. Total Monetary Contribution (From Schedule I)	ons and Receipts	\$	6777.04		FF	RIE COUN	FV.		•
C. Total Funds Available (Sum of Lines A and B)	eveloritiesen eliminatio Experie Holomoritisch	\$	6777.04						
D. Total Expenditures (From Schedule III)		\$	4290.63		M	IAY 18 202	3		
E. Ending Cash Balance (Subtract Line D from Line C)	wara da ka	\$	2486.41		VOTE	REGISTRA	TION		
Value of In-Kind Contributi	ons Received	\$.00						
G. Unpaid Debts and Obligati (From Schedule IV)	ons	\$.00						
D. I. C. I.		Pf.al.:		davit Section	1				
Part 1- If this is a Committee repo I swear (or affirm) that this report						d belief true, corr	ect and comple	te.	
Sworn to and subscribed before n						$, \bigcirc$	_	•	
10 day of MAY	20 2023	Ī.R.	` <u> </u>	Sig		Son Submitting re	port		
Signature		_			, , -, , , , , , , , , , , , , , , , , 	nted Name	.:	<u> </u>	*
My Commission expires		_		814	_	240-8774			
MO.	DAY YR.			Area Code		Davtime Te	lephone Numbe	r	

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.

·	ommittees (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 P	Part Cand Part D)		
Contributions Received from Political Co	ommittees (Part C)	·	\$
All Other Contributions (Part D)	· · · · · · · · · · · · · · · · · · ·		\$ 2472.04
	Total for the reporting period	(3)	\$ 2472.04
•		i	
4. Other Receipts-Refunds, Interest Ea	rned, Returned Checks, ETC. (From Part E)	U. G.	
4. Other Receipts-Refunds, Interest Ea	rned, Returned Checks, ETC. (From Part E) Total for the reporting period	(4)	\$ 0.00
Total Monetary Contributions and Rece		(4)	\$ 0.00 6777.04
Total Monetary Contributions and Rece enter amount totals from Boxes 1, 2, 3 o	Total for the reporting period lipts during this reporting period (Add and	(4)	\$
Total Monetary Contributions and Rece enter amount totals from Boxes 1, 2, 3 o	Total for the reporting period lipts during this reporting period (Add and	(4)	\$

riouse #	Street Address				Exercitation Section 1	4.7.		
ipsinisteriii ilii Jacon sabanii ilii								
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]	s		
		how negation			E TABLE DO AMON			
City		State	Zip Code		Date [MM/DD/YYYY]	\$		
	ryanizozoù gwaniny ig zañoninaninanin							
Full Name of Co Committee	ontributing				Date [MM/DD/YYYY]	S	÷	
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State	Zip Code		Date [MM/DD/YYYY]	\$		
				-				
Full Name of Co	ontributing	(20000000000000000000000000000000000000	[*************************************		Date [MM/DD/YYYY]	\$	·	
Committee					Section 2007 Section 14 Acres 14 Acres 24 Acres		e.	
House #	Street Address	`.			Date [MM/DD/YYYY]	\$		
					,	10.00		
City		State	Zip Code		Date [MM/DD/YYYY]	s		
			-17			4	•	
Full Name of Co Committee	ontributing				Date [MM/DD/YYYY]	\$	-	
Committee								
House #	Street Address				Date [MM/DD/YYYY]	\$		

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

House #	Street Address	Date [MM/DD/YYYY] \$
City	/State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	Carl Anderson	Date [MM/DD/YYYY] 5
House #	Street Address	04/30/2023 /00.00 Date [MM/DD/YYYY] \$
City	State Zip.Code	Date [MM/DD/YYYY] \$
Full Name of Co	John Steiner	Date [MM/DD/YYYY] \$ 04 /30/2023 /00:00
House #	Street Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	Len / Tara Culbreth	Date [MM/DD/YYYY] \$ /01.00
House #	Street Address	Date [MM/DD/YYYY] \$
Chy	State Zip:Code	Date [MM/DD/YYYY] \$
Full Name of Cor	Roa Legles	Date [MM/DD/YYYY] \$ 05/02/2023 /00.00
House #	Street Address	Date [MM/DD/YYYY] \$

11005-11 Street-2			msace (MM/Ass/A)	(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	
City	State	Zip Code	Date [MM/DD/Y	YYY) \$	
Full Name of Contributing Committee	हरक माज हर्य कर्ण है है है जिल्हा	kusustannustaassatu	Date MM/DD/Y	(YYY)] \$	
House # Street A	ddress		Date [MM/DD/Y	(YYY) 5 T	
City	State	- Zip Code	Date [MM/DD/Y	mm s	· · ·
Full Name of Contributing Committee			Date (MM/DD/Y	YYY) S	
House # Street A	ddress		Date (MM/DD/Y	ryyj \$	
City	State	Zip Code	Date (MM/DD/Y		
Full Name of Contributing Committee			Date (MM/DD/Y		
House # Street A	ddress		Date [MM/DD/Y	/YY) \$ · ·	
City.	State	Zip Code	Date (MM/DD/Y		
Full Name of Contributing Committee			Date [MM/DD/Y		
House # Street A	ddress		Date [MM/DD/Y	(YY) S	

City	State Zip Code:	Date [MM/DD/YYYY] \$	
Employer Name		Occupation SMALL BUSINE	ESS OWNER
Employer Mailing Addre Principal Place of Busin		for with the principles accessisted	
Full Name of Contribute	76.8	Date [MM/DD/YYYY] \$	•
	STEPHEN ADAMS	05/01/2023	500.00
House #	treet Address	Date [MM/DD/YYYY] \$	
City	State. Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Occupation RETIRED SCH	OOL TEACHER
Employer Mailing Addre Principal Place of Busine		AND UNDER SERVICE AND THE SERV	
Full Name of Contributo		Date [MM/DD/YYYY] \$	
	JUSTIN MCINTOSH	04/21/2023	500.00
House # S	treet Address	Date [MM/DD/YYYY] \$	
aulinde jar La La Lagar		04/21/2023	500.00
City	State Zip.Code	Date [MM/DD/YYYY] \$	
Employer Name		Occupation MANAGER AT	ENTERPRISE RENTA
Employer Mailing Addre Principal Place of Busine		10000000000000000000000000000000000000	
Full Name of Contribute		Date [MM/DD/YYYY] \$	
	RICK FILIPPPI	04/16/2023	400.00

Employer Name City Employer Name Occupation Employer Malling Address / Principal Place of Business Full Name of Contributor Date [MM/DD/Y House # Street Address Date [MM/DD/Y City State Zip Code Date [MM/DD/Y	
Employer Malling Address / Principal Place of Business Full Name of Contributor Date [MM/DD/Y House # Street Address Date [MM/DD/Y	YYY] \$
Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/Y House # Street Address Date [MM/DD/Y	
Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/Y House # Street Address Date [MM/DD/Y	Retired
House # Street Address Date [MM/DD/Y	xcj/v co(
	YM) S
City Code Date Rate (Dr./)	mm s
Orde State Date D	YYY] \$
Employer Name Occupation	
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor Date [MM/DD/Y	YYY) \$
House # Street Address Date [MM/DD/Y	YYY) \$
City State Zip Code Date (MM/DD/Y	my] \$
Employer Name Occupation	F -4-
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor Date [MM/DD/Y	/YY] \$

6 7 6 7 7 7		Brondonian britis	table (4) to this ended one orders		
Receipt Description					
Full Name					
House #	Street Address				
City		State	Z p Code	Date [MM/DD/	(YYYY) \$
Receipt Description		1300553930303922150361	ECONOMICALICA ANACOMICA	<u> </u>	1973165 W.C.
Full Name					
House #	Street Address			ta .	
City	The state of the s	State	Zip Code	Date MM/DD/	YYYY) \$.
Receipt Description					NAME OF STREET
Full Name	desta Unique			÷	
House #	Street Address		.,		
City	The state of the s	State	Zip Code	Date [MM/DD/	(YYYYY)
Receipt Description					1000011
Full Name			·	·	
House #	Street Address				***
City		State	Zip Code	Date [MM/DD/	MAMPE S
Receint Description			<u> </u>		[ANIAN

	State	10.555		
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)	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation 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 Employer Mailing Address / Principal			Occupation Description	
Place of Business Full Name of Contributor			of Contribution Date [MM/DD/YYYY]	
Full Maine of Contributor			Pate IMM/DE/1114	\$

Z. IN-KIND CONTRIBUTIONS	RECEIVED-ANTOR OF 230 OT 10 25	Book and the second	Establish direktakan ba		
TOTAL for the reporting period	(2)	\$			
				,	
3. IN-KIND CONTRIBUTION F	RECEIVED-VALUE OVER \$250,00 (FR	ROM PART G)			de la maria de la companya de la com
TOTAL for the reporting period	(3)	\$			
TOTAL VALUE OF IN-KIND CONTRIB	UTIONS DURING THIS REPORTING als from boxes 1, 2, and 3; also ent	. \$			
PERIOD (Add and enter amount total		er I			
on Page 1, Report Cover Page, Item		er .			
		eı			
		ei			
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	•			
Description of Co	ntribution			
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
				100 mm m
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of Co	ntribution			
			,	SP GRANGERE DE LES AVENTANES INVEST
Full Name of Con	tributor			Date [MM/DD/YYYY] 5
House #	Street Address			Date [MM/DD/YYYY] \$
City	FIENDELSE VOLGERANI	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Co				
Full Name of Cont	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
	- Charles Charles (in the		•	The state of the s
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of Co	atribution			
Full Name of Con	tributor			Date [MM/DD/YYYY] 5

	200 300 5 0 5	24/202304/
House #	Street Address	Description of Expenditure
City	State Zip Code	CHECKS FOR CAMPAIGN
To Whom Paid	DESANTIS SIGNS	Date [MM/DD/YYYY] \$ 1452.20
House #	Street Address	Description of Expenditure
City	State Zip Code	YARD SIGNS
To Whom Paid	DOLLAR GENERAL	Date [MM/DD/YYYY] \$ 26.25
House #	Street Address	Description of Expenditure
City	State Zip Code	FUNDRAISER SUPPLIES
To Whom Paid	THE UPS STORE (5271)	Date [MM/DD/YYYY] \$ 112.36
House #	Street Address	Description of Expenditure
City	State Zîp. Gode	DOOR HANGERS
To Whom Paid	COACH'S SPORTS BAR AND GRILL	Date [MM/DD/YYYY] \$ 527.72
House #	Street Address	Description of Expenditure
City	State Code	COST OF FUNDRAISER
To Whom Paid	THE UPS STORE (5271)	Date [MM/DD/YYYYY] \$ 450.50
House #	Grad Maraes	Description of Expenditure

House # Street Address J/9/15			04/10/2023 672.04 Description of Expenditure		
City	Version services (State	Zip Code	Yard Signs	
To Whom Paid Erin Spinelli			Date [MM/DD/YYYY] \$		
House #	Street Address	<u> </u>		Description of Expenditure	
City		State	Zip Code	Fundraiser Supplies	
To Whom Paid	Mite	Higgins		Date [MM/DD/YYYY] S	
House #	Street Address	111/1/4		Description of Expenditure	
City		State	Zip Code	Fundaviser Supplies	
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address	-		Description of Expenditure	
City	-	State	Zip Code		
To Whom Paid			194-0043 - 2-mitel	Date [MM/DD/YYYY] \$	
House #	ise# Street Address		Description of Expenditure		
Sity.	B. Control of the Con	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] 5		

Name of Creditor		·		Outstandin	g Balance of Debt
House #	Street Address		DATE DEBT INCUR [MM/DD/YYYY		. ·
City		State	Zip Code		
Description of Debt					
Name of Creditor				Öutstandin	g Balance of Debt
House #	Street Address		DATE DEBT INCUR		contained that the contained and the contained a
City.	Tropics	State	Zip Code		
Description of Debt					1 12 ·
Name of Creditor				Outstandin	g Balance of Debt
House #	Street Address		DATE DEBT INCUR	This regards a first contracted the balances.	CONTRACTOR OF THE STATE OF THE
City City		State	Zip Code		
Description of Debt		• HEROLAN VICE SERVICES	·		
Name of Creditor				Outstandin	Balance of Debt
House #	Street Address		DATE DEBT INCUR [MM/DD/YYYY	#100mm(standardscate)	, chini maada da da da ka iyi ii da bib
City		 State	Zip		

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

aeciarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu

Name of Filing Committee, Candidate, or Lobbyist					
Name					
□ Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	□ Cycle 4 6 th Tuesday Pre-Election		☐ Cycle 5 2 nd Friday Pre-Election	
☐ Cycle 7	☐ Cycle 8	☐ Cycle 9 al Election 30 Day Post-Special Elec			
	Name Cycle 2 2 nd Friday Pre-Primary	Name ☐ Cycle 2 ☐ Cycle 3 2 nd Friday 30 Day Pre-Primary Post Primary ☐ Cycle 7 ☐ Cycle 8	Name □ Cycle 2 □ Cycle 3 □ Cycle 3 2 nd Friday 30 Day 6 th T Pre-Primary Post Primary Pre-I	Name □ Cycle 2 □ Cycle 3 □ Cycle 4 2 nd Friday 30 Day 6 th Tuesday Pre-Primary Post Primary Pre-Election □ Cycle 7 □ Cycle 8 □ Cy	

Part I – 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

Printed Name

05/18/2023

Date (DD/MM/YYYY)

Erie/PA/United States

Armand F Rocco Jr

Location (City/State/Country)