

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	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Brady L. Sager						
Street Address		953 Spruce Tree Drive						
City	Girard	State	PA	Zip Code	16417			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd 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
	03/03/2023	05/05/2023	
A. Amount Brought Forward From Last Report	\$	0	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2023 MAY -8 PM 2:20 ERIE COUNTY VOTER REGISTRATION </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	942.58	
C. Total Funds Available (Sum of Lines A and B)	\$	942.58	
D. Total Expenditures (From Schedule III)	\$	517.58	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-425.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	425.00	
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 schedule on page 2, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

8 day of May 20 23

Ernie Fernandez
Signature

My Commission expires 4-3-25
MO. DAY YR.

Brady L. Sager
Signature of Person Submitting report

Brady L. Sager
Printed Name

814 Area Code 440-1937 Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate 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)

\$

0

All Other Contributions (Part B)

\$

425.00

Total for the reporting period (2)

\$

425.00

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)

\$

0

All Other Contributions (Part D)

\$

0

Total for the reporting period (3)

\$

0

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period (4)

\$

517.58

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, Report Cover Page, Item B*)

\$

942.58

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

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 Contributor

Clyde L. Davis, Jr. & Jennifer E. Davis

Date [MM/DD/YYYY]

04/24/2023

\$ 200.00

House #

847

Street Address

Greenfield Drive

Date [MM/DD/YYYY]

City

Girard

State

PA

Zip Code

16417

Date [MM/DD/YYYY]

Full Name of Contributor

The Barracks Tavern

Date [MM/DD/YYYY]

04/28/2023

\$ 75.00

House #

10100

Street Address

Ridge Road

Date [MM/DD/YYYY]

City

Girard

State

PA

Zip Code

16417

Date [MM/DD/YYYY]

Full Name of Contributor

Andrea Johnson DBA Studio 818

Date [MM/DD/YYYY]

05/05/2023

\$ 150.00

House #

2222

Street Address

W 8th Street

Date [MM/DD/YYYY]

City

Erie

State

PA

Zip Code

16505

Date [MM/DD/YYYY]

Full Name of Contributor

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]

House #

Street Address

Date [MM/DD/YYYY]

City

State

Zip Code

Date [MM/DD/YYYY]

Full Name of Contributor

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 Identification Number:	
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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]	\$	

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]

\$

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]

\$

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

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.

Filer Identification Number:

Full Name		PostNet PA129									
House #	3330	Street Address		West 6th Street Suit 4							
City		Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]		03/09/2023	\$	62.54
Receipt Description		Print-Color-8.5 X 11 Single 100									
Full Name		Walmart Supercenter									
House #	1825	Street Address		Downs Drive							
City		Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]		03/28/2023	\$	10.54
Receipt Description		Business Cards									
Full Name		PromosbySandi.com, LLC.									
House #	598	Street Address		Eagley Road							
City		E. Springfield	State	PA	Zip Code	16411	Date [MM/DD/YYYY]		05/05/2023	\$	444.50
Receipt Description		12X24 White Choroplast. Red. White & Blue Grey Shadow Sager for school Board as per drawing. 10X30 Wire Stands.									
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											

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)

\$

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

TOTAL for the reporting period

(2)

\$

425.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period

(3)

\$

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)

\$

425.00

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$ 200.00
Clyde L. Davis, Jr. & Jennifer E. Davis					04/24/2023		
House #	847	Street Address	Greenfield Drive			Date [MM/DD/YYYY]	\$
City	Girard	State	PA	Zip Code	16417	Date [MM/DD/YYYY]	\$
Description of Contribution		School Board Campaign					

Full Name of Contributor					Date [MM/DD/YYYY]		\$ 75.00
The Barracks Tavern					04/28/2023		
House #	10100	Street Address	Ridge Road			Date [MM/DD/YYYY]	\$
City	Girard	State	PA	Zip Code	16417	Date [MM/DD/YYYY]	\$
Description of Contribution		School Board Campaign					

Full Name of Contributor					Date [MM/DD/YYYY]		\$ 150.00
Andrea Johnson DBA Studio 818					05/05/2023		
House #	2222	Street Address	W 8th Street			Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Description of Contribution		School Board Campaign					

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							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

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		PostNet PA129				Date [MM/DD/YYYY]	\$	62.54
						03/09/2023		
House #	3330	Street Address	West 26th Street Suite 4			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Print-Color- 8.5X11 Single 100		
To Whom Paid		Walmart Supercenter				Date [MM/DD/YYYY]	\$	10.54
						03/28/2023		
House #	1825	Street Address	Downs Drive			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Business Cards		
To Whom Paid		PromosbySandl.com, LLC.				Date [MM/DD/YYYY]	\$	444.50
						05/05/2023		
House #	589	Street Address	Eagley Road			Description of Expenditure		
City	E. Springfield	State	PA	Zip Code	16411	Yard Signs		
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				

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 [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					
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							