



Reset Form

Print Form

## 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	Brian Butler							
Street Address	8739 Fritz Hill Road							
City	Wattsburg	State	PA	Zip Code	16442			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<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"/>
Date Of Election (MM/DD/YYYY)	5/16/23		Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	4/29/2023	06/05/2023	
A. Amount Brought Forward From Last Report	\$	0	<div>2023 JUN 13 AM 9:35 ERIE COUNTY VOTER REGISTRATION</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1200.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1200.00	
D. Total Expenditures (From Schedule III)	\$		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1200.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2026.88	

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.		Affidavit Section	
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		Signature of Person Submitting report	
13 day of June 20 23			
Signature		Printed Name	
My Commission expires 12/02/2026		602 9718	
MO. DAY YR.		Area Code Daytime Telephone Number	

Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.		Seal	
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		Signature of Candidate	
day of 20		Printed Name	
Signature		Area Code	
My Commission expires		Daytime Telephone Number	
MO. DAY YR.			

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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 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]	\$	
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:		Brian Butler									
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Full Name of Contributor		Cindy and Gary Wells				Date [MM/DD/YYYY]	\$	100.00
						05/02/2023		
House #	17550	Street Address		Route 8		Date [MM/DD/YYYY]	\$	
City	Union City	State	PA	Zip Code	16438	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Sonya and Doug Nelson				Date [MM/DD/YYYY]	\$	100.00
						04/29/2023		
House #	5434	Street Address		West 38th Street		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Francis Clement				Date [MM/DD/YYYY]	\$	1000.00
						05/02/2023		
House #	6262	Street Address		Cobblestone Drive		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16509	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]	\$	
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	
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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.

File Identification Number	
----------------------------	--

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								

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**

<b>Filer/Identification Number</b>	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500.01 TO \$250,000 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250,000 (FROM PART G)</b>		
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)		\$
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**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]		S	
House #		Street Address			Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		S	
House #		Street Address			Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		S	
House #		Street Address			Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		S	
House #		Street Address			Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S
Description of Contribution								

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

Filer Identification Number	
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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	
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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		
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.

<b>Filer Identification Number:</b>	Brian Butler
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<b>Name of Creditor</b>		Donna Reese						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	2578	<b>Street Address</b>	West 24th Street			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	1521.10
<b>City</b>		Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	04/25/2023		
<b>Description of Debt</b>		Yard sign purchase							

  

<b>Name of Creditor</b>		Donna Reese						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	2578	<b>Street Address</b>	West 24th Street			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	95.39
<b>City</b>		Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	5/1/2023		
<b>Description of Debt</b>		Vistaprint							

  

<b>Name of Creditor</b>		Donna Reese						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	2578	<b>Street Address</b>	West 24th Street			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	95.39
<b>City</b>		Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	5/9/2023		
<b>Description of Debt</b>		Vistaprint business cards							

  

<b>Name of Creditor</b>		Donna Reese						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	2578	<b>Street Address</b>	West 24th Street			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	50.00
<b>City</b>		Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	5/10/2023		
<b>Description of Debt</b>		Facebook Ads							

  

<b>Name of Creditor</b>		Donna Reese						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	2578	<b>Street Address</b>	West 24th Street			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	265.00
<b>City</b>		Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	05/02/2023		
<b>Description of Debt</b>		Printing							

  

<b>Name of Creditor</b>								<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>				<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>				
<b>Description of Debt</b>									