

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Re	port Filed 8 Nark X)		te Sio	Committee		Lobbyist
Name of Filing Committee, Car Lobbyist	didate or	CONTRACTOR CONTRACTOR	e to Elect Sam C	Comfort		and and the angle of the angle	158 to 1784 Koogilii voi servisi kanalii kikoli
Street Address	90	3 Linden Av	e		•		
City Erie			State	PA	Zip Code	16505	
Type of Report (Place x under r	eport type)						
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday Pre-Primary Pre-Primary	WATER NAMED OF STATE	th Tuesday - 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
Date Of Election (MM/DD/YYYY)	11/07/2023	ar <sub>de</sub>	2023	Amendment Report		Termination Report	
Summary of Receipts and Expenditures	From Date	To Date			For	Office Use Only	eric Artis Artis
A. Amount Brought Forward Fi	05/01/2023 om Last Report	Ś	300,91				
B. Total Monetary Contribution	ns and Receipts	Ś	1883.76				
(From Schedule I) C. Total Funds Available (Sum of Lines A and B)	PORTE DE L'ANDRE DE L'	\$ .	5184.67			S	202
D. Total Expenditures (From Schedule III)		\$	12.00				2023 JUN 15
E. Ending Cash Balance (Subtract Line D from Line C)	100 Television 100 Te	\$ !	5172.67				5
F. Value of In-Kind Contribution (From Schedule II)		ì	1480.00				O KV
G. Unpaid Debts and Obligatio (From Schedule IV)	ns	\$	2084.45				<u> </u>
Part 1- If this is a Committee report	t transurar sign bara l	lf this is a Con	Affidavit Sec			Z	ယ
I swear (or affirm) that this report, Sworn to and subscribed before me	including the attached this  20 23  Clar TCL  18 2024  DAY YR.	Sche ule Commission Edires Ducember 18, 20 Commission Fundam 1377905	n page, is to the page is to the pag	best of my knowled  Average  12  12  12  12	facilifum bf Person Subm HA OGHN Printed Nam 314	ue, correct and complete in the control of the cont	ORT
I swear (or affirm) that to the best of amended.					y provisions of t	he Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me  14th day of June  Signature  My Commission expires 12  MO.	20 <b>23</b> 20 <b>23</b> 20 <b>23</b> 20 <b>24</b> 20 <b>24</b> 20 <b>24</b> 20 <b>24</b>	BAIL J. MUNICIPAL TO THE PROPERTY OF THE PROPE	Commonwealth of Pennisylvania - Notary So	Samue Sign Samue C O 7 Irea Code	Printed Name	1 tate	ег

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$	550.00 or Less per Contributor	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	r.	
Total for the reporting period	(1)	\$ 941.35
2. Contributions of \$50.01 to \$250.00 (From Part A and Part 8)		
Contributions Received from Political Committees (Part A)		\$ 70.00
All Other Contributions (Part B)		\$ 1631.47
Total for the reporting period	(2)	\$ 1701.47
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 500,00
All Other Contributions (Part D)		\$ 1740.94
Total for the reporting period	(3)	\$ 2240.94
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
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, Rep Cover Page, Item B)	port	\$

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# LIBERTA PARTA PARTA

# **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 Nu	mber:	and the following the second	Fig. 15 182			
					- 01 / 1	Amount
Full Name of Contri	buting		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
Committee	Elect Ten	y Scutella		06/09/2023		70.00
House # 4055	Street Address	30th St		Date [MM/DD/XXXX]	S	
	W See See See See See					
City Erie		State PA	Zip Code 16506	Date (MM/DD/YYY)	\$	
aul Name o Jeonta				Date [MM/DD/YYYY]	€ 1	
Committee				avates (IMMRODAA AA)	S	
House#	Street Address		<u></u>	Date (MM/DD/XYYY)	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	S	
	e Garage e e e					·
Full Name of Contri Committee	outing	•		Date (MIM/DD/XXXX)	\$	
	her to be a second					
House#	Street Address			Date (MM/DD/YYYY)	\$	
	interview to the second	Meznonanich P				
City		State	Zip Code	Date (MM/DD/AAAA)	\$	
Full Name of Contril	utine		<b>多位是为企业的经济的</b>	Date (MM/DD/AAAA)	Ś	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	***************************************
						•
City	The second second second second second	State	Zip Code	Date [MM/DD/M/YX]	\$	
		1				<u> </u>
Full Name of Contrib Committee	outing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
	1 2 2 2 2 2 2	The state of the s	L. C. J. S. Oliver, C. J. C. S. C. S			·
City		State	Zip Code	Date (MM/DD//YYY)	\$	
Full Name of Contrib	oviting		Control of the Contro	Date MM/DD/XXXX	\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
a series				)		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
-	<u> </u>					

## 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 (dentification Number:	,			

Saula Parita of Control of the			SPACE WIN/DEVANORS	<b>X</b>
	Lorraine Dolan		06/09/2023	70.00
House # Sti	eet Address Taylor Ridge Ct		Date (MM/JDD/AYAY)	
<b>City</b> Erie	State PA Zip Code	16505	2 Date (NAM/20D/XYEV)	
Full Name of Contributor	Robyn Crago		Oate [MM/DD/XYYY] 06/09/2023	100.00
Hause# 4402	eet Address Westminster Blvd		Date (MM/DD//\'YY)	
Erie	State PA Zip Code	16506		
Full Name of Contributor	Kevin McCabe		Date [MM/DD/YYY] 06/09/2023	150.00
House #. 815	reet. Address Bancroft Ave	TO 14		<b>\$</b>
Erie	State Zip Code PA	16509		
Full Name of Contributor	Catherine O'Neil		Date [MM/DD/TTYY] 06/09/2023	70.00
Hoose # 4633	reet Address Lake Pleasant Rd			
Erie	State PA Zip Code	16504		
Full Name of Contributor	Ron Diehl	· · · · · · · · · · · · · · · · · · ·	06/09/2023	105.00
214	reet Address Roslyn Ave			<b>\$</b>
City Erie	State PA Zip Code	16505		
Full Name of Contributor	Peter Sala		06/09/2023	200.00
1637	w 24th St		A STATE OF THE STA	\$
<b>City</b> Erie	State PA Zip Code	16502	Date [MM/DD/XVVY]	

# 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 Menufication Number:	
5.00 S - 7.00 S - 7.0	

Full Nam	e a Contributor			FACTUMED MANY	<b>.</b>
	Aaron Susma	arski		06/09/2023	70.00
House #	Site: Address			(Fate (JAM//SIV/YYY)	
	4036 v	V Lake Rd			
City	A HAMMAN COLUMNICAL	State	Zip Code	Para (MM/OD/MM) a S	
	Erie	PA	16505		
Fell Nam	e er Contribino			Care (AIM/COVATAN)	
	Richard Ferre	etti		06/09/2023	100.00
House #	Sucaradirect		,	teate(DM/DD/YYY)	
	1238 S	aint Mary Dr			
City		State	7lp.Code	(Pate (MM/PD/YY)) 8	<u>*                                    </u>
	Erie	PA	16509		
FüllNam	e o Cominibulo :			Partis (MM-/DD/strava)	
	Rebecca Lee	Kessler		06/09/2023	150.00
House #	Street Address	•		Date (MM/DD/AYYY)	
	76 <u> </u>	mherst Rd			
City		Siate	4p/Code	Date (MM/DE/YYYY) S	
I	Erie -	PA	16506		
Full Nam	es (combus)		(9.0).E.2.3(1.0).8.2.9.3-5-11.2.0.3.162.	WEST WINDOWS	Ž.
	Alice Niebaue	er		05/30/2023	150.00
House#	Street Audress	<del> </del>		Date (MM/DD/AYXY) - S	
	1526 H	ligh Street			
City	ine	.State PA	<b>Zip Code</b> 16509	Date (MM/DD/YYYY) \$	
	Craff Canada Com			SEEGIEMIEDAVAAI	
	e or contributor				
House #	Street Address			Date (MM/DD/YYY)	
City		State	Zip Code	Pate IMM/DD/WW/	8
FüllVain	e of Contributor	Printing and the Asset of	Live Control of the C	Date (MM/DE/AVYY)	***************************************
House #	Street Address			Date (MM/DD/YSYT)	
					#4 Mo
Gty	PONTO STATE OF THE	¿inte	Zip Code	Care CAN/OD/27/27	

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### 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.

Fallara	men			ROBITS (MM/OD/ATAVA)		
		o Elect Ryan Bizzam	o	06/07/2023		500.00
House		Forest Crossing		( PAYYYA ( GO) MM ( STEEL )	\$	
City	Erie	State PA	Zip Code 16506	Date [MM/DD/YYY]	S	
Full Ma Control	me of uiting Committee		Company of the Company	©Date [MM/(DD/AVYV)]	\$	
House	Street Address	, .		Date (MN/DD/7771)	\$	
City		State	Zip Code	Date (MM/DD/AXX)	S	
Full Na Contrib	ne of Affing Committee			Date (MM/DD/YYYY)	S	
House	Street Address			Date (MM/DD/)YYYI	S	
City		State.	Zip Code	Bate (MM//DD/ACCE)	S	
	me of uting Committee			Date (MM//DD/XVXX)	Ş	
House	Street Address			Spare MM/DD/MVVI	ø	-
City		State	Zip Code	Date (MM/DD/AXA)	6	
Füll Mai Contaib	uting Committee			Date (MM/DD/YYYY)		
House	Street Address			Date (MM/DD/YYYY)	•	
City		State	Zip Code	Date [MM/DD/7777]	\$	
	uting Committee				\$	
House (	Street Address			Date (MM/DD/YYYY)	\$	, , ,
City		State	Zip Code	Date (MM/DB/WYV)	Ş	

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# 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)

Terrenonenon nombre

Sal Name of Commoditor	Carl J Anderson Investment Account	Date (MM/DD/YYYY) \$ 250.00
House # Str	eet Address Parade St	06/09/2023  Date [MM/DD/YXXY] \$
Cîty Erie	State PA Zip.Code 16504	Date [MM/Db/YYYY] \$
Employer Name	J. 10 10 10 10 10 10 10 10 10 10 10 10 10	Occupation
Employer Mailing Address Principal Place of Busines	•	
Full Name of Contributor	Ronald DiNicola	Date [MM/DD/YYY] \$ 250.00
House # 4134 Str	eet Address Commodore Dr	Date [MM/DD/XYYY] \$
City Erie	State PA Zip Code 16505	Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address	Retired	Occupation Retired
Principal Place of Busines		
Full Name of Contributor	Mary Jo Campbell	Date [MM/DD/XYYY]         \$           06/09/2023         160.00
House # Str	Linden Ave	Date [MM/DD/YYYY]
Edinboro	State PA Zip Code 16412	Date (MM/DD/YYYY) \$
Employer Name	Washington Twp Supervisor	<b>Occupation</b> Supervisor
Employer Mailing Address Brincipal Place of Business		
Full Name of Contributor	Kathleen Fatica	Date [MM/DD/YYYY] \$ 06/09/2023 115.00
House # Str	Southern Dr	Date [MM/DD/YYY] \$ 06/08/2023 \$ 300.00
City Erie	State   71p Code   16506	Date [MM/00/XYYY] \$
Employer Name	Retired	Occupation Refired
Employer Mailing Address Principal Place of Busines		

# 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 Edentification Number				
			RECORDING COMPANY	· ————
- an regime of exemplants	Michael Donikowski		06/09/2023	492.50
	Street Address		Date (MIV/DD/YYYY) \$	
4891	South Wayside Dr			
City. Erie	State PA Zip	<b>Code</b>	Date (MW/DD/AYAY) \$	
Employer Name	Retired	2004 V 1057 2704 <b>1</b>	Occupation Retired	al
Employer Mailing Addi Principal Place of Busin			1985-1995-1996	Andrew State Control of the state of the sta
Full Name of Contribut	NATIONAL PROPERTY OF THE PROPE	<del>,</del>		
House #	Street Address		Date (MM/DD/TYTY) \$	
City	State Zip	Code	Date (MM/DD/XYYX) \$	
Employer Name			Occupation	
Employer Mailing Addi Principal Place of Busin				
Full Name of Contribut	Ör .		Date (MAY/DD/YYYY)	
House #	Street Address		Date (MM/DD/YYYY) S	
City	State	Code	Date (MM/DD/YYYY) \$	
Employer Name	EDIALS.		Occupation	
Employer Mailing Addi Principal Place of Busin				
Full Name of Contribut	A SAME TO A CONTROL OF A CONTRO		Date (MM/DD/YYYY) \$	
House#	Street Address		Date [MM/DD/YYYY] 5	
City	State Zip	Code	Date [MM/DD/YYYY] \$	
Employer Name	10/23/03/2015/4		Periodicit	
Employer Mailing Addi Principal Place of Busin				

								-
e.			1.00	·	(F)	Assertion Control	$\chi = \chi - \delta \theta = 0$	
			. *			35 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	* 2 *	
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			-					* .
		•						

### 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.

rier berinkaudi Aumber			· · · · · · · · · · · · · · · · · · ·	
Full Name  House # Str City  Receipt Description	reet Address	State	Zip Code	Date (MM/DD/YYYY) \$
City Receipt Description	eet Address	State	Zip Code	Date (MM//DD//YYY) \$
City Receipt Description	eet Address	State	Zip Code	Date (MM/DD/YXXX) \$
City Receipt Description	eet Address	State	Zip Code	Date (MM/DD/YYYY) S
City  Receipt Description	eet/Address	State	Zip Code	Date (MIN/DD/)/NYM) \$
Full Name  House # Str  City  Receipt Description	eet Address	State	Zíp Code	Date (MM/pp)/yyyy) S

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### 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:			
		~ ha>	
1 UNITEMIZED IN-KIND CONTI	RIBUTIONS RECEIVED-VALUE OF \$5		JR. LEDS FER LUNI (NOUTUR
TOTAL for the reporting period	(1)	\$	50.00
		ya Mandaga ya ka	
2 IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.01 TO \$250	,00 (F	ROM PART H)
TOTAL for the reporting period	(2)	\$	980.00
a in-kind contribution red	ENED-VALUE OVER \$250.00 (FROI	Л PAR	if G):
TOTAL for the reporting period	(3)	\$	450.00
TOTAL VALUE OF IN-KIND CONTRIBUTE PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		\$	1480.00

# SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Ventification Number:				
SALLON AND UNIVERSITY (DISCAL (OT 1995)) 595-500-596-51 SALLON WITH DO SHEET HERRORY		· · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor			Date [MM/DD/YYYY] \$	400.00
	Kathleen Fatica		05/30/2023	100.00
House # Sur	eet Address Southern Dr		Date (MM/DD/MYY)	75.00
		Political out it is the output of the fi	06/09/2023	70.00
City Erie	State PA	<b>Zip Code</b> 16506	Date [MM/DD/YYYY] \$	
Description of Contributio	2 Baskets for Sile	ent Auction		
Fill Vame of contributor			Pale (MN/OD/MYM)	
	Carol Comfort		06/09/2023	170.00
House # 29	eet Address Don St		Date [MM/DD/AYYY] \$	
GIV	State	Zip Code	Date (MM/DD/YYYY) S	
Washington	PA	15301		
Description of Contributio	1 Baskets for Sile	ent Auction		
Full Name of Contributor			Scare IMM/DD/MAXIS SS	
	Beth Shaughnessy		06/09/2023	60.00
	er Avelises:	· · · · · · · · · · · · · · · · · · ·	Cate (MM/DU/YYYY) 5	
106	Donley Dr		06/09/2023	50.00
Monroeville	State PA	<b>Zip Code</b> 15146	Date (MM/DD/YYY) \$	
Description of contribution	2 Baskets for Sile	ent Auction		
Full Came to Committee			Cate (BB/OD/MM)	
	Linda Trohoske			!
House # Sur	en Adoress		Date [MW/DU/YTY)	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Description of Contribution	in.			
Foll Name of Contributor			Date MM/DD/YYYY	
	Lisa Keating		06/09/2023	200.00
House# Stre	er Address		Date (MM/DD/YYYY) 5	400.00
	Rostyn Ave	So matematical reproduce to we are	06/09/2023	100.00
Erie	State PA	<b>Zip Code</b> 16505	Date (MM/DD/YYYY) \$	
Description of Contributio	DJ Services and	1 Basket for Silent Auction	•	

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# SCHEDULE II

### Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

recitle interestributer

Full Name 6	A. Contributor			Date: MM/DD/X*YYI	
	Carol Comfort			06/09/2023	
House #	Street Address 9 Do	on St		Date (MM/DB/7777) \$	
City Wa	shington	State PA	<b>Zip Code</b> 15301	Date (MM/DD/Y/YY)	
	ame	Retired		Occupation Retired	
Employe: N Place of Bus	lailing Address / Principal Jiness			Description of Basket for Silent Auction	,
Fall Name o	<sup>†</sup> Contribution			Date (MM/OD/YYYY) \$	
Hause#	Street Address			Date (MM/DD/YYYY) 5	·
City		State	Zip Code	Date (MM/DD/XXXX) \$	
Employe A			and the same of th	Occupation	
Employer & Place of Bas	lailing Address / Principal Liness			Description of Contribution	
Full Marne o	f Contributor			Date [MM/DD/YYYY] \$	
Floure B	Street Address			Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/OD/YYY] :	
Employer N				Occupation	
Employer W Place of Bu	lailing Address / Principal liness			Description of Contribution	
Full Name o	r Contributor			Date [MM/DD/XXYX] \$	
House #	Street Address			Date [MM/DD/XYY] \$	
City		State	Zip Code	Date (MIM/OD/XYYY) \$	
Employer N				Occupation	
Employer & Place of Bu	läiling Address / Principal Siness			Description of Contribution	

# SCHEDULE III Statement of Expenditures

Filer Identification Number	•		

To Whem Pald	PNC Bank			PEARS IMM/DIDAYWS	12.00
House#				06/01/2023  Description of Expenditur	
	Street Address PO	Box 609		DESCRIPTION ON EXPENDITURE	•
<b>City</b> Pittsburgh		State PA	<b>Zip</b> Code 15230	Service Charge	
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip. Code		
To Whom Paid				Date [MM/DD/11111] S	
House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date (MM/DD/YYYY) S	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Pald				Date (NAM/DD/YYVV) \$	
	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) S	
House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date (MM/DD/XYYY) S	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		

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### 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.

(Yame, of Creditor	Averie Shaughnessy-Comfort  Outstanding Balance of Debt
Four: 9	et Address DATE DEST, INCLIRRED \$
903	Linden Ave 06/09/2023
City	Erie State pA Zip 16505 2084.45
Description of Debt	Fundraiser amount paid on personal card
Name of Creditor	Dustanding Balance, of Dent.
House# Stree	t Address DATE DEBTINGURRED \$ [MM/DD/YYYY]
City	State Zip
Description of Debt	Gode
Name of Creditor	Outstanding Balance of Debt  (Address DATE DEBT INCURRED \$
	[MM/DD/YYYY]
City	State Zip
Description of Debt	<u>Code</u>
Name of Creditor	Gutstanding Balance of Debt
House# Stree	TAddress DATE DEBT (NCURRED S [MM/DD/YYYY]
Giếy	State Zip
Description of Debt	Code
Name of Creditor House # Street	Cutstanding Balance of Debt.  t Address DATE DEBT INCURRED \$
	[MM/OD/YYYY]
Gity	State Zip Code
Description of Debt	
Name of Creditor	Outstanding Balance of Debt
House # Stree	t Address DATE DEBT INCURRED \$ [MM/DD/YYYY]
100	
City	State Zip Code
Description of Debt	

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