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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	☐	Committee	☒	Lobbyist ☐
Name of Filing Committee, Candidate or Lobbyist	The Committee to Elect Sam Comfort						
Street Address	903 Linden Ave						
City	Erie	State	PA	Zip Code	16505		

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
☐	☐	☒	☐	☐	☐	☐	☐	☐

Date Of Election (MM/DD/YYYY)	11/07/2023	Year	2023	Amendment Report ☐	Termination Report ☐

Summary of Receipts and Expenditures	From Date 05/01/2023	To Date 06/11/2023
A. Amount Brought Forward From Last Report	$	300.91
B. Total Monetary Contributions and Receipts (From Schedule I)	$	4883.76
C. Total Funds Available (Sum of Lines A and B)	$	5184.67
D. Total Expenditures (From Schedule III)	$	12.00
E. Ending Cash Balance (Subtract Line D from Line C)	$	5172.67
F. Value of In-Kind Contributions Received (From Schedule II)	$	1480.00
G. Unpaid Debts and Obligations (From Schedule IV)	$	2084.45

For Office Use Only

2023 JUN 15 AM 10: 53
ERIE COUNTY
VOTER REGISTRATION

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 schedules on page, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 14th day of June 20 23

Paul J. Monella III
Signature

My Commission expires 12 18 2024
MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
PAUL J MONELLA III - Notary Public
Erie County
My Commission Expires December 18, 2024
Commission Number 1377505

Averie J Shaughnessy-Comfort
Signature of Person Submitting report

AVERIE SHAUGHNESSY-COMFORT
Printed Name

412 Area Code

316-7999 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.

Sworn to and subscribed before me this 14th day of June 20 23

Paul J. Monella III
Signature

My Commission expires 12 18 2024
MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
PAUL J MONELLA III - Notary Public
Erie County
My Commission Expires December 18, 2024
Commission Number 1377505

Samuel D. Comfort
Signature of Candidate

Samuel D. Comfort
Printed Name

607 Area Code

386-8243 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)	$	941.35
2. Contributions of $50.01 to $250.00 (From Part A and Part B)		
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, Report Cover Page, Item B)*	$	

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	Elect Terry Scutella					Date [MM/DD/YYYY] 06/09/2023	$	70.00
House #	4055	Street Address	W 30th St			Date [MM/DD/YYYY]	$	
City	Erie	State	PA	Zip Code	16506	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	Lorraine Dolan					Date [MM/DD/YYYY]	$
						06/09/2023	70.00
House #	1470	Street Address	Taylor Ridge Ct			Date [MM/DD/YYYY]	$
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	$

Full Name of Contributor	Robyn Crago					Date [MM/DD/YYYY]	$
						06/09/2023	100.00
House #	4402	Street Address	Westminster Blvd			Date [MM/DD/YYYY]	$
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	$

Full Name of Contributor	Kevin McCabe					Date [MM/DD/YYYY]	$
						06/09/2023	150.00
House #	815	Street Address	Bancroft Ave			Date [MM/DD/YYYY]	$
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	$

Full Name of Contributor	Catherine O'Neil					Date [MM/DD/YYYY]	$
						06/09/2023	70.00
House #	4633	Street Address	Lake Pleasant Rd			Date [MM/DD/YYYY]	$
City	Erie	State	PA	Zip Code	16504	Date [MM/DD/YYYY]	$

Full Name of Contributor	Ron Diehl					Date [MM/DD/YYYY]	$
						06/09/2023	105.00
House #	214	Street Address	Roslyn Ave			Date [MM/DD/YYYY]	$
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	$

Full Name of Contributor	Peter Sala					Date [MM/DD/YYYY]	$
						06/09/2023	200.00
House #	1637	Street Address	W 24th St			Date [MM/DD/YYYY]	$
City	Erie	State	PA	Zip Code	16502	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	Aaron Susmarski					Date [MM/DD/YYYY]	$	70.00
House #	4036	Street Address	W Lake Rd			Date [MM/DD/YYYY]	$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	$	

Full Name of Contributor	Richard Ferretti					Date [MM/DD/YYYY]	$	100.00
House #	1238	Street Address	Saint Mary Dr			Date [MM/DD/YYYY]	$	
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	$	

Full Name of Contributor	Rebecca Lee Kessler					Date [MM/DD/YYYY]	$	150.00
House #	3620	Street Address	Amherst Rd			Date [MM/DD/YYYY]	$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	$	

Full Name of Contributor	Alice Niebauer					Date [MM/DD/YYYY]	$	150.00
House #	1526	Street Address	High Street			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]	$	

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:	

Full Name of Contributing Committee	Committee to Elect Ryan Bizzarro					Date [MM/DD/YYYY] 06/07/2023	$	500.00
House #	5805	Street Address	Forest Crossing			Date [MM/DD/YYYY]	$	
City	Erie	State	PA	Zip Code	16506	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:	

Full Name of Contributor	Carl J Anderson Investment Account					Date [MM/DD/YYYY]	$	250.00
House #	3830	Street Address	Parade St			Date [MM/DD/YYYY]	$	
City	Erie	State	PA	Zip Code	16504	Date [MM/DD/YYYY]	$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor	Ronald DiNicola					Date [MM/DD/YYYY]	$	250.00
House #	4134	Street Address	Commodore Dr			Date [MM/DD/YYYY]	$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	$	
Employer Name	Retired					Occupation	Retired	
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor	Mary Jo Campbell					Date [MM/DD/YYYY]	$	160.00
House #	5431	Street Address	Linden Ave			Date [MM/DD/YYYY]	$	100.00
City	Edinboro	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	$	
Employer Name	Washington Twp Supervisor					Occupation	Supervisor	
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor	Kathleen Fatica					Date [MM/DD/YYYY]	$	115.00
House #	4623	Street Address	Southern Dr			Date [MM/DD/YYYY]	$	300.00
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	$	
Employer Name	Retired					Occupation	Retired	
Employer Mailing Address / Principal Place of Business								

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	Michael Donikowski					**Date [MM/DD/YYYY]** 06/09/2023	**$**	492.50
House #	4891	**Street Address**	South Wayside Dr			**Date [MM/DD/YYYY]**	**$**	
City	Erie	**State**	PA	**Zip Code**	16505	**Date [MM/DD/YYYY]**	**$**	
Employer Name	Retired					**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								

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								
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

Filer Identification Number:	

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	$	50.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.01 TO $250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	$	980.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER $250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	$	450.00

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)	$	1480.00

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF $50.01 TO $250

Filer Identification Number:	

Full Name of Contributor	Kathleen Fatica					Date [MM/DD/YYYY]	$	100.00
House #	4623	Street Address	Southern Dr			Date [MM/DD/YYYY]	$	75.00
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	$	
Description of Contribution	2 Baskets for Silent Auction							
Full Name of Contributor	Carol Comfort					Date [MM/DD/YYYY]	$	170.00
House #	29	Street Address	Don St			Date [MM/DD/YYYY]	$	
City	Washington	State	PA	Zip Code	15301	Date [MM/DD/YYYY]	$	
Description of Contribution	1 Baskets for Silent Auction							
Full Name of Contributor	Beth Shaughnessy					Date [MM/DD/YYYY]	$	60.00
House #	106	Street Address	Donley Dr			Date [MM/DD/YYYY]	$	50.00
City	Monroeville	State	PA	Zip Code	15146	Date [MM/DD/YYYY]	$	
Description of Contribution	2 Baskets for Silent Auction							
Full Name of Contributor	Linda Trohoske					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	Lisa Keating					Date [MM/DD/YYYY]	$	200.00
House #	214	Street Address	Roslyn Ave			Date [MM/DD/YYYY]	$	100.00
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	$	
Description of Contribution	DJ Services and 1 Basket for Silent Auction							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER $250

Filer Identification Number	

Full Name of Contributor	Carol Comfort					Date [MM/DD/YYYY]	06/09/2023	$	450.00
House #	29	Street Address	Don St			Date [MM/DD/YYYY]		$	
City	Washington	State	PA	Zip Code	15301	Date [MM/DD/YYYY]		$	
Employer Name	Retired					Occupation	Retired		
Employer Mailing Address / Principal Place of Business						Description of Contribution	Basket for Silent Auction		

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	PNC Bank					Date [MM/DD/YYYY] 06/01/2023	$	12.00
House #		Street Address	PO Box 609			Description of Expenditure		
City	Pittsburgh	State	PA	Zip 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/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.

Filer Identification Number:	

Name of Creditor	Averie Shaughnessy-Comfort						**Outstanding Balance of Debt**
House #	903	**Street Address**	Linden Ave	**DATE DEBT INCURRED [MM/DD/YYYY]** 06/09/2023			$ 2084.45
City	Erie	**State**	pA	**Zip Code**	16505		
Description of Debt	Fundraiser amount paid on personal card						

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							