



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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends to Elect Cheryl Comstock							
Street Address	9651 Old Route 99							
City	McKean		State	PA		Zip Code	16436	

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 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)	05/16		Year	2023		Amendment Report	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
	05/04/23	06/15/23
A. Amount Brought Forward From Last Report	\$	505.63
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	4477.45
C. Total Funds Available (Sum of Lines A and B)	\$	4983.08
D. Total Expenditures (From Schedule III)	\$	4983.08
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

For Office Use Only

ERIE COUNTY
Voter Registration
2023 JUN 15 PM 12:01

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 paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20

Signature

My Commission expires _____ MO. DAY YR.

Julia A Walker
Signature of Person Submitting report
Julia A Walker
Printed Name

814 476 7369
Area Code 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

15th day of June 20 23

Megan M. Moore
Signature

My Commission expires 10 18 26 MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
Megan M. Moore, Notary Public
Erie County
My commission expires October 18, 2026
Commission number 1427830
Member, Pennsylvania Association of Notaries

Cheryl Comstock
Signature of Candidate
Cheryl Comstock
Printed Name
814 504-3944
Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		<i>Friends to Elect Cheryl Comstock</i>	
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ <i>1044.00</i>
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	<i>X</i>
All Other Contributions (Part B)		\$	<i>X</i>
Total for the reporting period		(2)	\$ <i>X</i>
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	<i>X</i>
All Other Contributions (Part D)		\$	<i>X</i>
Total for the reporting period		(3)	\$ <i>X</i> <i>3403.45 (loan forgiveness)</i> <i>See attached letter</i>
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ <i>30.00</i>
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)		\$	<i>4477.45</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	<i>Friends to Elect Cheryl Comstock</i>
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Amount

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	<i>2</i>
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:	<i>Friends to Elect Cheryl Comstock</i>
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Full Name of Contributor		Date [MM/DD/YYYY]	\$	X
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]	
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]	
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:	<i>Friends to Elect Cheryl Comstock</i>
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Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	2
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:	Friends to Elect Cheryl Comstock
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
Cheryl Comstock				06/15/2023		3403.45
House #	Street Address	Date [MM/DD/YYYY]		\$		1000 forgiveness \$
9651	Old Route 99					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
McKean	PA	16426				
Employer Name				Occupation		
Millcreek Police Dept.				TAC OFFICER		
Employer Mailing Address / Principal Place of Business						
3608 West 26 Street, Erie PA 16506						

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: <i>Friends to Elect Cheryl Comstock</i>									
Full Name		<i>Widget Financial</i>							
House #	Street Address <i>P.O. Box 10211</i>								
City	<i>Erie</i>	State	<i>PA</i>	Zip Code	<i>16514</i>	Date [MM/DD/YYYY]	<i>05/05/2023</i>	\$	<i>29.00</i>
Receipt Description		<i>Uncollected Funds Return Fee - Refunded</i>							
Full Name		<i>Widget Financial</i>							
House #	Street Address <i>P.O. Box 10211</i>								
City	<i>Erie</i>	State	<i>PA</i>	Zip Code	<i>16514</i>	Date [MM/DD/YYYY]	<i>06/14/2023</i>	\$	<i>1.00</i>
Receipt Description		<i>Account Start up Deposit - Returned when closed</i>							
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:	<i>Friends to Elect Cheryl Constock</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period (1)	\$	<i>0</i>

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period (2)	\$	<i>0</i>

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period (3)	\$	<i>0</i>

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)	\$	<i>0</i>
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	Friends to Elect Cheryl Comstock
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	2
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								
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:	<i>Friends to Elect Cheryl Comstock</i>
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Full Name of Contributor:				Date [MM/DD/YYYY]		\$	X
House #				Date [MM/DD/YYYY]		\$	
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 #				Date [MM/DD/YYYY]		\$	
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 #				Date [MM/DD/YYYY]		\$	
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 #				Date [MM/DD/YYYY]		\$	
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: Friends to Elect Cheryl Comstock

To Whom Paid	<u>Home Depot</u>				Date [MM/DD/YYYY]	<u>05/05/2023</u>	\$	<u>33.40</u>
House #	<u>7451</u>	Street Address	<u>Peach Street</u>		Description of Expenditure			
City	<u>Erie</u>	State	<u>PA</u>	Zip Code	<u>16509</u>	<u>Lumber for signs</u>		
To Whom Paid	<u>Tractor Supply</u>				Date [MM/DD/YYYY]	<u>05/06/2023</u>	\$	<u>37.08</u>
House #	<u>750</u>	Street Address	<u>Formstead Drive</u>		Description of Expenditure			
City	<u>Edinboro</u>	State	<u>PA</u>	Zip Code	<u>16412</u>	<u>Dog items for Door Prize</u>		
To Whom Paid	<u>Walmart</u>				Date [MM/DD/YYYY]	<u>05/04/2023</u>	\$	<u>120.56</u>
House #	<u>108</u>	Street Address	<u>Washington Town Blvd.</u>		Description of Expenditure			
City	<u>Edinboro</u>	State	<u>PA</u>	Zip Code	<u>16412</u>	<u>Grill for Door Prize</u>		
To Whom Paid	<u>Dollar Tree</u>				Date [MM/DD/YYYY]	<u>05/07/2023</u>	\$	<u>51.68</u>
House #	<u>4234</u>	Street Address	<u>West Ridge Road</u>		Description of Expenditure			
City	<u>Erie</u>	State	<u>PA</u>	Zip Code	<u>16506</u>	<u>Supplies for event</u>		
To Whom Paid	<u>Sam's Club</u>				Date [MM/DD/YYYY]	<u>05/07/2023</u>	\$	<u>33.88</u>
House #	<u>7200</u>	Street Address	<u>Peach Street</u>		Description of Expenditure			
City	<u>Erie</u>	State	<u>PA</u>	Zip Code	<u>16509</u>	<u>Flowers for event</u>		
To Whom Paid	<u>Dollar Tree</u>				Date [MM/DD/YYYY]	<u>05/10/2023</u>	\$	<u>79.50</u>
House #	<u>4234</u>	Street Address	<u>West Ridge Road</u>		Description of Expenditure			
City	<u>Erie</u>	State	<u>PA</u>	Zip Code	<u>16506</u>	<u>Supplies for event</u>		
To Whom Paid	<u>Sam's Club</u>				Date [MM/DD/YYYY]	<u>05/10/2023</u>	\$	<u>87.90</u>
House #	<u>7200</u>	Street Address	<u>Peach Street</u>		Description of Expenditure			
City	<u>Erie</u>	State	<u>PA</u>	Zip Code	<u>16509</u>	<u>Cupcakes & gift card for event</u>		
To Whom Paid	<u>Walmart</u>				Date [MM/DD/YYYY]	<u>05/10/2023</u>	\$	<u>24.13</u>
House #	<u>1825</u>	Street Address	<u>Downs Drive</u>		Description of Expenditure			
City	<u>Erie</u>	State	<u>PA</u>	Zip Code	<u>16509</u>	<u>Photos and Door Prize items</u>		

SCHEDULE III
Statement of Expenditures

File/Identification Number: Friends to Elect Cheryl Comstock

To Whom Paid		<u>Country Fair</u>		Date [MM/DD/YYYY]	\$	<u>35.00</u>
House #	<u>8080</u>	Street Address	<u>Peach Street</u>	Description of Expenditure		
City	<u>Erie</u>	State	<u>PA</u>	Zip Code	<u>16509</u>	<u>Lottery tickets for Door Prize</u>
To Whom Paid		<u>Claire Stuczynski</u>		Date [MM/DD/YYYY]	\$	<u>200.00</u>
House #	<u>—</u>	Street Address	<u>—</u>	Description of Expenditure		
City	<u>—</u>	State	<u>—</u>	Zip Code	<u>—</u>	<u>Music for Event 05/10/23</u>
To Whom Paid		<u>St. Francis Ushers Club</u>		Date [MM/DD/YYYY]	\$	<u>485.00</u>
House #	<u>9085</u>	Street Address	<u>Wain Street</u>	Description of Expenditure		
City	<u>Mckean</u>	State	<u>PA</u>	Zip Code	<u>16426</u>	<u>Food for Event 05/10/23</u>
To Whom Paid		<u>Billy Wagner</u>		Date [MM/DD/YYYY]	\$	<u>75.00</u>
House #	<u>2127</u>	Street Address	<u>Lorwood Drive</u>	Description of Expenditure		
City	<u>Erie</u>	State	<u>PA</u>	Zip Code	<u>16510</u>	<u>Senior News Graphic Design</u>
To Whom Paid		<u>Cheryl Comstock</u>		Date [MM/DD/YYYY]	\$	<u>315.50</u>
House #	<u>9651</u>	Street Address	<u>Old Route 99</u>	Description of Expenditure		
City	<u>Mckean</u>	State	<u>PA</u>	Zip Code	<u>16426</u>	<u>Partial Repayment of loan to Committee</u>
To Whom Paid		<u>Gives to Widget Financial</u>		Date [MM/DD/YYYY]	\$	<u>1.00</u>
House #	<u>5553</u>	Street Address	<u>West Ridge Road</u>	Description of Expenditure		
City	<u>Erie</u>	State	<u>PA</u>	Zip Code	<u>16506</u>	<u>Donation for closing account</u>
To Whom Paid		<u>Cheryl Comstock</u>		Date [MM/DD/YYYY]	\$	<u>3403.45</u>
House #	<u>9651</u>	Street Address	<u>Old Route 99</u>	Description of Expenditure		
City	<u>Mckean</u>	State	<u>PA</u>	Zip Code	<u>16426</u>	<u>Clear unpaid Debt - Loan Forgiveness*</u>
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:	Friends to Elect Cheryl Comstock
------------------------------	----------------------------------

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	X	
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						

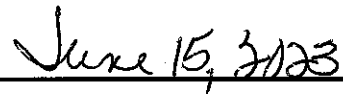
06/15/2023

I, Cheryl Comstock, personally loaned \$3403.45 to The Friends to Elect Cheryl Comstock campaign fund while running for District Judge 06-03-06, I hereby forgive the debt of \$3403.45.

Signed,

A handwritten signature in black ink, appearing to be 'CC', written over a horizontal line.

Cheryl Comstock

A handwritten date 'June 15, 2023' in black ink, written over a horizontal line.

Date



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu 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 Reports. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
Friends to Elect Cheryl Comstock				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input checked="" type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a 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 Report is true and correct.

Julia A Walker
Signature of Treasurer, Candidate, or Lobbyist

Julia A Walker
Printed Name

06/15/2023
Date (MM/DD/YYYY)

NRKean, PA USA
Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

06/15/2023

Date (MM/DD/YYYY)

Cheryl Comstock

Printed Name

Mckees, PA USA

Location (City/State/Country)