

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)	<input type="checkbox"/>	Candidate	<input checked="" type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	The Friends of Rock Copeland								
Street Address	1336 Patterson Ave								
City	Erie	State	PA	Zip Code	16508				

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)	5/16/23	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/2/23	6/5/23	2023 JUN 15 AM 7:53 ERIE COUNTY VOTER REGISTRATION
A. Amount Brought Forward From Last Report	\$	380.87	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	70.00	
C. Total Funds Available (Sum of Lines A and B)	\$	450.87	
D. Total Expenditures (From Schedule III)	\$	371.68	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	79.19	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

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, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 15 day of June 2023 Angela L. Watson Signature My Commission expires 12/02/2026 MO. DAY YR.	Affidavit Section Signature of Person Submitting report Mary Fischer Printed Name 239 Area Code 313 9468 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 15 day of June 2023 Angela L. Watson Signature My Commission expires 12/02/2026 MO. DAY YR.	Signature of Candidate Rock Copeland Printed Name 814 Area Code 460-2889 Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Angela L. Watson, Notary Public
 Erie County
 My commission expires December 2, 2026
 Commission number: 1425503
 Member, Pennsylvania Association of Notaries

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)	\$	70
--------------------------------	-----	----	----

2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	
---	----	--

All Other Contributions (Part B)	\$	
----------------------------------	----	--

Total for the reporting period	(2)	\$	
--------------------------------	-----	----	--

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

Contributions Received from Political Committees (Part C)	\$	
---	----	--

All Other Contributions (Part D)	\$	
----------------------------------	----	--

Total for the reporting period	(3)	\$	
--------------------------------	-----	----	--

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 <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																					
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																					
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)

File 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						
House #		Street Address				
City		State		Zip Code		Date [MM/DD/YYYY] S
Receipt Description						
Full Name						
House #		Street Address				
City		State		Zip Code		Date [MM/DD/YYYY] S
Receipt Description						
Full Name						
House #		Street Address				
City		State		Zip Code		Date [MM/DD/YYYY] S
Receipt Description						
Full Name						
House #		Street Address				
City		State		Zip Code		Date [MM/DD/YYYY] S
Receipt Description						
Full Name						
House #		Street Address				
City		State		Zip Code		Date [MM/DD/YYYY] S
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 B)		
TOTAL for the reporting period	(2)	\$

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

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$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]	\$
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					
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		Stripe.com			Date [MM/DD/YYYY]		\$ 2.23	
House #	Street Address		Description of Expenditure					
City	State		Zip Code	Service fee				
To Whom Paid		Actblue.com			Date [MM/DD/YYYY]		\$ 1.06	
House #	Street Address		Description of Expenditure					
City	State		Zip Code	Service fee				
To Whom Paid		West Lake Beer			Date [MM/DD/YYYY]		\$ 114.00	
House #	Street Address		Description of Expenditure					
City	State		Zip Code	3528 W Lake Rd Campaign watch party				
To Whom Paid		Friends Of Jim Wertz			Date [MM/DD/YYYY]		\$ 250	
House #	Street Address		Description of Expenditure					
City	State		Zip Code	PO BOX 114 DONATION				
To Whom Paid		staples.com			Date [MM/DD/YYYY]		\$ 4.39	
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						

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