

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

Filer Identification Number	1			oort Filed ark X)	By Candida	ite	Committee		Lobbyist
Name of Filing Co Lobbyist	mmittee, Ca	ndidate or	The	Friends of I	Rock Copeland		• • • • • • • • • • • • • • • • • • •		
Street Address	er (Er Carlos)		133	6 Patterson	Ave				,
City	Erie	um ng Beutenha Titalih pendah arak beb	:1 <u> </u>	·	State	PA	Zip Gode	16508	
Type of Report (Pl	lace x under r	eport type)							
16 th Tuesday 2 Pre-Primary P	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary		h Tuesday 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
		X	O Wilette un	mga disembangan yan		10 24 AV GATE 15330			
Date Of Election (MM/DD/YYYY)		5/16/23	Yea	ır	2023	Amendment Report		Termination Report	
Summary of Rece	ipts and	From Date		To Dat	e a se s		For (Office Use Only	
Expenditures		5/2/23	(V) (**) **	<u> </u>	6/1/23			\$	8
A. Amount Brough	ht Forward F		1	8	380.87		in declarated A Topological	m _r	3 2
B. Total Monetary (From Schedule I)		ns and Receipts	\$	8	70.00				2023 JUN 15
C. Total Funds Ava (Sum of Lines A ar	ailable nd B)			8	450.87			28	5 .
D. Total Expenditu (From Schedule III)			8	371.68			ATION	# 7:
E. Ending Cash Ba (Subtract Line D fr				\$	79.19			<u>0</u>	ပ ာ မ
F. Value of In-Kind (From Schedule II)	l Contributio	ns Received	3.1%	8					
G. Unpaid Debts a	ind Obligatio	n s		8					
(From Schedule IV		""。"我们是我们的		My S	S ≩fiidavit Se	i.i.			
Part 1- If this is a Cor				fill 8asa	ndiciaté report, ca	ındidate sign here.			
I swear (or affirm) th	at this report,	including the atta	iched s	ing on the second	n p∰enper, is to the	best of my knowled	ge and belief tr	ue, correct and comple	ete.
Sworn to and subscri	Tiped before the	: tills		on ex ission		in t			
day of	1 -1	1.	_	n expires Decemi sion number 142 yvania Association	of Pennsylvania - Watson, Notary Erie County	Signature	or Person Subm	Itting report	_
- Myl		Villar	_	mbe Asse	oun z	mary ti	Printed Name	<u> </u>	_
ا مار	14	mlana	,	Decemi ber 142 sociation	ania /	$\mathcal{I}_{\mathcal{A}}$		3 9468	
My Commission expl	resMO.	DAY YR.	P	- I (n E)	⊽zl ¥	rea Code		time Telephone Numb	er
				9 7 2 503	등회		,		
Part II- If this is a rep I swear (or affirm) th amended.	ort of a Candid at to the best o	late's Authorized of my knowledge	Comn and b	eli e this 😥	litical committee	ere. has not violated any	/ provisions of the	he Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscri	ibed before me	this		My comm	Pommo			//	
15 day of	Ture	_20 <u>23</u>			nonwealth Angela L	1/2/	Con	las =	
alyli	<u> </u>	Water		Erie County ministrate Applies December 2. Commission number 1425503 or Pennsylvania Association of No	51	1 SCAL CO	ature of Candid	ate	_ # # # # # # # # # # # # # # # # # # #
•	pnature ノップ.	12/2/2/	, !		of Penn Watsor	Pily	Frinted Name	60-2489	2
My Commission expl	res / /	DAY YR.		Ene County expires De ion humber	No. Service A	rea Code		me Telephone Numbe	
			1	unty 5 Decem 5 Der 142	nary tary				
	•			5503 of No	Notary Public				
				έ [ω <u>ν</u>	ぎずし				

SCHEDULE I Contributions and Receipts Detailed Summary Page

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	Species Species	(22)	
	i Vilovija <u>Maria</u>		
Total for the reporting period	(1)	\$	70
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	7.4% 1.4%	(3. K (3. K	
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		8	
Total for the reporting period	(2)	\$	<u>-</u>
3. Contributions Over \$250.00 (From Part C and Part D)		Surviv Garage	
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)	1	V \ \$.0	
Total for the reporting period	(4)	8	
	1		1

PART A

Filer Identification Number

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.

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Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	_
House #	Street Address			Date [MM/DD/YYYY] S	
City	ps - top-tage (35) (1844)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	intributing		Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$	
City	1 paragon (18) (13)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	p - 1995-1997 (1995-1995)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	7 17 17 17 17 17 17 17 17 17 17 17 17 17			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity	Long the court of the control of the last	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.)

alleridentilettoratumber)

ARUJKNameyois@ontributor			Date(MM/,DD/,YYAY) .\$1	
House # Street Addres			Date[MM//pd/\negath{\text{Anama}} \langle S.	
idty.	State	Zip Code	(Date [MM//DD//xxxx]) [\$	
(Foll!Name:of:Contributo)	,		Date [MM/.DD/A/MYI] \$	
(House## Street Addres			:Date(MM/,DD/\\\\)	
বৌশ্	State	Zip Côde	[Date [MM/DD/MAM] :	
kiotrditriroorogemat/ultri			[Date (MM//DD/XXAW] \$5	
House## StreevAddres			Date [MW//DD/XV/XX]	
(givy)	State (Zip Gode	Date [MM/ADD/AAAA]	
FullNeme of Contributor			EDate [MM/DD/MM/M] S	
(Houselik Street/Addre			Date (MIM/PD/XXXXX)	
(Gity)	State	/AlpCode	Date[[MM/dd/A/MA]] S.	
Full Name of Contributor			Data VIMI/DDY/WWW S	
House# Street Addres		(acr SAVO NO SA Lacina)	Dates[MM/JDD/AYAW]	
(div)	State	Zip Codes	Date (MM//PD//WW)	
Full Name of Contributor:			(Pate (MM)/DD/AYYYY) \$	
House## Street Addre		Landon Statistics on Spirite and Statistics of Spirite and Spirite	sDate{[WM//DD/AYWAY] = \$\$	
(Gly)	State	≱ip. €ode	Date (MM/DD//XYY4) \$	

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.

Gilentification(Vumber)

aguil Nameof Contributing Committee			Date [MM/JDD/M/AM] \$	
House# : Street Address			Date(MM//DD/AYAAA) \$	
efty	State	zip code	Date [MM/dd/www] \$3	
Full Name of Contributing Committee			dete (MM/DD/AAAA)	
(House#; Street Address			#Date [MM//DD////AYA]	
ा प्र	State	Zip Gode	[Date:[MM/JDD/A/YA/]] S	
(Full Name of Contributing Committee)			(Date [(MIM)/DD/AMMM]). S	
House(;; Street Address			Date (MIM/DD/AYAY)	
(diy	State	Zip Code	(Date [[MM/DD/AWAA])	: <u>-</u>
រុះមម្រិសាក្ស ContibuingCommittee			Date [MM/DD/AWA] \$	
Houseff! Street Address			Date [MM/Jod/AVAYA]	
Gli (7	State	azip Gode	Pare[MW/PP//////]	
(Rolli Mainteof (Rolli Mainteof			-Date MM/DD/AYYMI	
House# Street Address			Date MM/DD//////i \$	
City	State	Zip Gode	Date [MM//DD//M/M/] \$	
(Full Name/of: Contributing Committee:			Date (MM/DD/AMM)	
House# Street Address		TAX AMBUSA V	Date (MIM/DD/AAAAA) S	
(Gity).	State	Zip Code	Date MM/DD/M/M/ S	

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)

Hiller (dentification Number)				
	AND I		Date(MM/DD/MM) \$3	
Full Namelor (Contributor				
House III Str	eet Address e		{Date [MIN/DD/YYYY] } {\$	
Giy	State	Zip Code	Date (MM/DD/XXXXI)	
fampliover/Name			(Occupation)	
Employer/Mailing/Addices Online Spakklarioning				
Principlicos (contribute)			Date [MM/DD/XXXX]	
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Hingloyar/Nation			Occupation .	
EmployeriVelllig/Addres /Rindpel/Recor/Busine	s// 5			
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(बिंध् <u>र</u>	State	Zipicode.	*Pate([MM//DD//YYYY]	
temployer Name.			Occupation:	
Employer/Mailing/Addres Principal/Placeof/Eucline				
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	reev Address		Date [MM/dd/yyyy) \$	
(Gity)	State	(Zip Code)	Date [MM/DD/AYAY] \$5.	
Employer Name Employer Mailing Addre Principal Place of Busine	\$		Occupation 5	

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.

HAICAIGE ATHEIR CHILDING				
(FUII)Name				
	eet/Address			
City	The state of the s	State	Zip Code	Date (MM/DD/YYYY) 35
Receipt Description	To the state of th	1 TORKEY SEED SEED SEED SEED SEED SEED SEED SE	Tarunasia inagu u Perantahan	
Gull Verme	NATURE OF THE PROPERTY OF THE			
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Oky Receipt Description		State	Zip Code	Date (MM/DD/AWY) (\$
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Glay All San		State	Zdp Coole	Date(IMIX//DO/XXXXI)
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iauliverne				
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(elty)		State	Zip Code	Date (MM//DD/XYXY)
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Rill(kme				
House (#)	eet Address	Tolky mate objected a promotation is	STATE CONTRACTOR AND	Secretary and the secretary an
(City)		State	Zip . Gode	Date [MM/bD/yyyy]] \$5:
(Receipt Description	1500 PM			J==-04731

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

RileridentificationNumber				
	215-11-1-2-155-1-2-11-2-2-11-2			
1) UNITEMIZED IN KIND CONT. TOTAL for the reporting period	(1)	\$		
2. IN-KIND GONTRIBUTIONS RE				7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TOTAL for the reporting period	(2)	\$		
3. IN KIND GONHRIBUTIONERE	IBMAD WALUE OWER SPE	(0:00 (FR@)XEPARF(G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3;		· · · · · · · · · · · · · · · · · · ·	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Rapple of the control	
	Installed Big Court Policy (Court Court Co
[Fill]Name of Contributors	Date (MM/DD/M/A/)
THOUSE AND Street Address	Date [MM/DD/WW] \$2
City State Zip/Code	Date [MM/DD//YYYY]
Description of Contribution	望缓
Full Warmeroid contributor :	aDate [MM/DD/MYY/]
Street Address	Date [MM/DD/YYYY]
Gity/ State: Zip/Gode	Date[MM/DD/AWM])
Description of Contribution	(100000)
Hallitame of Contributor	(patel(MM/pb/xxxx)) \$
House:# Street Address	Date (MM/DD/MM) Sx.
Gliv Zip Code	Pate [MM/DD/YMM] \$2
Description of Contribution	
Fu Vernerof/Contt/Dutor	*Date[MMX/DD/AAAA)}; \$5
	(Date[MIX//DD/XYXXIII 75)
Gity. State Zip.code	\$Pate(IMM/DP/AVA4)
Description of Contribution	
Full Name of Contributor	spate (MM/JDP/AAAAA) \$
(Fousett Address	©Date(IMM//DD/////X/)) \$2
Git/ State Zip Gode.	Date (MM//DD/\YW\/) } \$\$
Description of Contribution	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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Apler (dentification Number)			
i Full Name of Contributor	_	-11 - 1-1	Date [MM/DD/XXXXI]
House # Street Address			*Date([MM//DD//YYYY)] \$2.5 PCF
City	State	Zip Gode	Date [MM/DD/XYXX] S
EmployeriName			Occupation 7
Namployer (Mailling Address //Principal) (Place of Business			Description of 3. (Contribution
tFull+Namezoit/Contributor			*Date [MM/DD/YYYY]
House #. Street Address	Cast Alekkorupes, A	LANDSCHAFT, MARCHANISTINA	Date [MW/DD/YYYY]
(efty)	State	Zip Code :	ipate [MM/DD/YYYY] \$
Employer Name			
Employer/Meiling/Addisess//Pilinapel Pleasof/Business			Description of Contribution
HullN\bme\or@ontributor			Date [WW/DD/YAYAY]
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igity.	State	Zip Code	(Date(IVIM/DD/AYAM) \$
<u>EmployeriName</u>			
Employer Mailing Address // Principal Place of Business			(Description of Contribution

Statement of Expenditures

Filer Identification Number:	

To Whom Paid						Date MM/L	an /vvvv	0.67	
	Stripe.com					5/3	ir pur sagaron, value in na penning	\$	2.23
House #	Street Address					Description		ture	
City		State	·	Zip					
				Code		Service fee			
To Whom Paid	Actblue.com					Date [MM/D	DD/YYYYJ	8	1.06
House#	Street Address				· ····	Description	of Exnendit	ure	
							or Exponen		
City		State		Zip Code		Service fee			
To Whom Paid	West Lake Beer					Date [MM/D	ID/YYYYI]	8	\$114.00
House#	Street Address				· "-	Description	of Expendit	ure	
	35	28 W Lake F	Rd				ar is the		
City Erle		State	PA	Zip Code	16505	Campaign wate	h party		
To Whom Paid	Friends Of Jim Wertz	•				Date [MM/D	D/YYYY]	8	250
House #	Street Address					Description			230
	P(BOX 114				Describation	nı Expellult	ure.	and the second of the second o
City ERIE		State	PA	Zip. Code	16512	DONATION			
To Whom Paid	stanles com					Date [MM/E	D/YYYY]	S	4.20
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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.

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	r cet/Add ress		DEBT INGURRED.	Ourstanding Balance of Debte
Gity Description of Debt Demosor Creditor		State	Zip	©OUTSTANDING BAILANCE OF Debt
	reet Address	i i i i i i i i i i i i i i i i i i i	DEBT INCURRED M/DD/YYYY) Zip Code	
Description of Debts Name of Greditors	reet-Adatess		DEBTINGURRED	Outstanding, Balance of Debt
Gity Desgripton of Description		I	M/DD//YYYY] 5.3 Zip Code:	
Nameo (Gedfio)	reet Address		DEBTANGURRED M/PD/AYXYII	Outstanding Balance of Debt
City Description of Debt Name of Greditor		State	Z(p) Code	Xoutstanding Balance of Debt
	rreet Address	M. L. P. (MI		S A
Description of Debt. Name of Greditor.		Control of the Cont	(gode 4)	©OUtstanding Balance of Debt
Gity	rreet.Address	Mi '	ideningorred	
l Description of Debt				