

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 checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Cheryl Comstock					
Street Address		9051 Old Route 99					
City	Uckean	State	PA	Zip Code	160436		

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	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/04/23	06/15/23	
A. Amount Brought Forward From Last Report	\$	-378.95	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	315.50	
C. Total Funds Available (Sum of Lines A and B)	\$	-3403.45	
D. Total Expenditures (From Schedule III)	\$	-3403.45	
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	

2023 JUN 15 PM 12:01
 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 paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

15th day of JUNE 20 23Megan M. Moore
SignatureMy Commission expires 10 18 26
MO. DAY YR.

Signature of Person Submitting report
 Cheryl Comstock
 Printed Name
 814
 Area Code
 504-3944
 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.

I swear (or affirm) that to the best of my knowledge and belief 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.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number		<i>Cheryl Comstock</i>	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ <i>0</i>
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	<i>0</i>
All Other Contributions (Part B)		\$	<i>0</i>
Total for the reporting period		(2)	\$ <i>0</i>
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	<i>315.50</i>
All Other Contributions (Part D)		\$	<i>0</i>
Total for the reporting period		(3)	\$ <i>315.50</i>
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ <i>0</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>315.50</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>Cheryl Comstock</i>									
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Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$	Amount
												\$	0
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:	<i>Cheryl Comstock</i>
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	<i>X</i>
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>Cheryl Comstock</i>
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Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	315.50
<i>Friends to Elect Cheryl Comstock</i>				<i>05/22/2023</i>			
House #	<i>9051</i>	Street Address	<i>Old Route 99</i>	Date [MM/DD/YYYY]		\$	
City	<i>Mckean</i>	State	<i>PA</i>	Zip Code	<i>16436</i>	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:	<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]		\$
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:	Cheryl Comstock
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Full Name	Friends to Elect Cheryl Comstock								
House #	9651	Street Address	Old Route 99						
City	McKean	State	PA	Zip Code	16726	Date [MM/DD/YYYY]	05/25/2023	\$	315.50
Receipt Description	Partial Refund of loan to Committee								

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:	<i>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:	<i>Cheryl Constock</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]		\$		
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:	Cheryl Comstock
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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]		
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:	<i>Cheryl Comstock</i>
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To Whom Paid		<i>Friends to Elect Cheryl Comstock</i>		Date (MM/DD/YYYY)	<i>06/15/2023</i>	\$	<i>3403.45</i>
House #	<i>9651</i>	Street Address		<i>Old Route 99</i>			
City	<i>McKean</i>	State	<i>PA</i>	Zip Code	<i>166426 Loan forgiveness*</i>		
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #		Street Address					
City		State		Zip Code			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #		Street Address					
City		State		Zip Code			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #		Street Address					
City		State		Zip Code			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #		Street Address					
City		State		Zip Code			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #		Street Address					
City		State		Zip Code			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #		Street Address					
City		State		Zip Code			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #		Street Address					
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:	<i>Cheryl Comstock</i>
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$	<i>X</i>		
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						

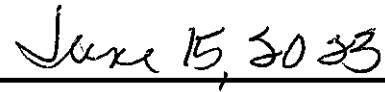
06/15/2023

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 'C. Comstock', written over a horizontal line.

Cheryl Comstock

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

Date