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

Filer Identification Number	A. A. E. S. C.	ort Filed B ark X)	y Candid	ate	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Frier	nds of Chris	Drexel				
Street Address	2713	3 Nagle Rd					
City Erie			State	PA	Zip Code	16510	
Type of Report (Place x under report type)							
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Po Pre-Primary Pre-Primary Primary	The State of	Tuesday	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election	Yea			Amendment		Termination	
(MM/DD/YYYY) 11/07/2023	9773		2023	Report		Report	
Summary of Receipts and From Date	12-20-10-10-10-10-10-10-10-10-10-10-10-10-10	To Date			For	Office Use Only	
Expenditures 05/02/202		06,	/05/2023				
A. Amount Brought Forward From Last Repo	irt !	\$ 2	2162.99				· · · · · · · · · · · · · · · · · · ·
B. Total Monetary Contributions and Receip (From Schedule I)	ts :	\$	410			Š O	2023
C. Total Funds Available (Sum of Lines A and B)	1,000	\$ 2	2572.99				
D. Total Expenditures (From Schedule III)		\$	17.50	1		<u> </u>	<del>}</del>
E, Ending Cash Balance (Subtract Line D from Line C)		\$ 2	2555.49				P
F. Value of In-Kind Contributions Received (From Schedule II)		ŝ	0			ATIO	ettene z ♥♥
G. Unpaid Debts and Obligations (From Schedule IV)	,	Ŝ	0				08
			Affidavit Se				
Part 1- If this is a <b>Committee</b> report, treasurer sign I swear (or affirm) that this report, including the at					lan and haliaf tr	ue correct and comple	to
Sworn to and subscribed before me this	incircu s	ericadics or			Se mad benef ti	ue, comeccana comple	te.
day of20		• 1		fut			
		-		Signature o	of Person Subm	itting report	<del></del>
Signature		. J			Printed Nam	9	
My Commission expires			8	14	897-	5674	
MO. DAY YI	₹.			Area Code	Day	time Telephone Numbe	er
Part II- If this is a report of a Candidate's Authorize							
I swear (or affirm) that to the best of my knowledg amended.	e and be	lief this poli	tical committee	has not violated any	y provisions of t	he Act of June 3, 1937 (	P.L. 1333, NO.320) as
Sworn to and subscribed before me this							
day of20		.1	_	Sign	nature of Candio	late	<u> </u>
Signature	_		<u>C</u>	nris Drexet	Printed Name	<u>.</u>	
My Commission expires		• *	8	14	504-4	108	
MO. DAY YR.			7	rea Code	Dayt	me Telephone Number	<del></del>

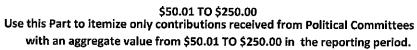
### SCHEDULE I

## 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)	\$ 210
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	Ş	\$ 0
All Other Contributions (Part B)	\$	3 200
Total for the reporting period (	(2) \$	200
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	0
Total for the reporting period (	(3) \$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	18/21/17 2015/01/1 10/15/11/1	
	(4) \$	0
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)	\$ ort	410

### PART A

### **Contributions Received From Political Committees**





Filer Identification	Number				
			<u> </u>		Amount
Full Name of Co	ntributing	<del></del>	<del>-</del> .	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address		<u></u>	Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	J 274-865 (3.8)		Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address		<del></del>	Date [MM/DD/YYYY] \$	·
City		State	Zip Code	Date [MM/DD/YYYY] \$	· ·
Talahraja d Natah					4
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee			•		
House #	Street Address		,	Date [MM/DD/YYYY] \$	<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Cor Committee	ntributing		_	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	: :-
Full Name of Con	tributing	Carte allog and Det	y, which is the province of	Date [MM/DD/YYYY] \$	
Committee					5
House #	Street Address			Date [MM/DD/YYYY] \$	
City	and a language by Maria	State	Zip Code	Date [MM/DD/YYYY] \$	
					1
Full Name of Con	tributing		History of the Control of the Contro	Date [MM/DD/YYYY] \$	
Committee				12.5	
House #	Street Address			Date [MM/DD/YYYY] \$	
	Electrical States (Section 1)		×		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
4.44 p. 32.24 p.					

## PART B All Other Contributions

### See Attached

\$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:

992.00					
Full Name of Co	ntributor			Date [MM/DD/YYYY]   \$	
				A Section of EMBL 1445 to the Control of the Contro	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	entrope in constitution (Property)				
Full Name of Co	ntributor			Date [MM/DD/YYYY] S	
House#	Street Address			Date [MM/DD/YYYY] \$	7 H
City		State	Zip:Code	Date (MM/0D/YYYY) \$	. C. (二)
Full Name of Cor	Atributor	~		Date [MM/DD/YYYY] 'S	
House #	Street: Address			Date [MM/DD/YYYY] \$	
City	[高級高次改革(1985年)]	State	Zip Code	Date [MM/DD/YYYY] \$	TO THE STATE OF TH
Full Name of Cor	itributor.	Secretary Secret	िया होते हरेग्ये इस विदेशाता होते था ।	Date [MM/DD/YYYY] \$	all acceptance of
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code : :	Date [MM/DD/WYY] \$	
Full Name of Con	itributor.			Date [MM/DD/YYYY] \$	And the second s
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	itelbutor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	ja man managari sanang	State	Zip Code	Date [MM/DD/XYYY] \$	

### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Number:



Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Committee	Pate [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of	
Contributing Committee  House # Street Address	
5066V	Date [MM/DD/YYYY] \$
Full Name of	Date [MM/DD/YYYY] S
Contributing Committee	Date [MM/DD/YYYY] S
House # Street Address	Pate [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] 3
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	Pate:[MM/DD/YYYY] \$
louse# Street Address	
State Zip.Code	
24), Curde	Pate (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			Date [MM/DD/YYYY] \$	
House # Street Add	dress		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	) (S. M. Jak. ) (		Date [MM/DD/YYYY] \$	
			7	
House # Street Add	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S.	
Employer Name			Occupation	
	100 A		* Total Transition	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor	,		Date [MM/DD/YYYY] \$	
House # Street Add	dress	<del></del>	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address /				
Principal Place of Business	Single Si			
Full Name of Contributor			Date [MM/DD/YYYY] (\$	
House # Street Add			Date [MM/DD/YYYY] \$	
City	State	Zip Code .	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
eta il di eta para il ligitario e	4.2		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 igenurication Numb				
Eull Name	<b>原设设</b>			
House #	Stre	et:Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1000.000	F	
Full Name	(1) e-1			
House #	Stre	et Address		- 4
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	14.7		D. 332/2/33-20-1	1,777
Full Name				
House #	Stre	et Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[Postablicates a Pr.]	Transference States (	]
Füll Name				
House #	Stre	et/Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Stree	et Address		
Clty		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Stree	et Address		
City		State	Zip. Code	Date [MM/DD/YYYY] \$
Receipt Description		-		

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED SCHEDULE TO REPORT ALL 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 CONTRI	BUTIONS RECEIVED VA	LUE OF \$50:00 OR LESS PE	K CON   KIBU   OK
TOTAL for the reporting period	(1)	\$	
A 100 110 110 110 110 110 110 110 110 11		1	
2. IN-KIND CONTRIBUTIONS REG	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART	(F) and the second of the seco
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$25	0:00 (FROM:PART G)	
TOTAL for the reporting period	(3)	\$	<del>" "</del> "
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for		·····	
on Page 1, Report Cover Page, Item F)	. , ,		

### SCHEDULE II PART F

Filer Identification Number:

### **In-Kind Contributions Received**



VALUE OF \$50.01 TO \$250

er of state of the left					
	SEM LECTUS SIGNED				
Full Name of Cor	ntributor.			Date [MM/DD/YYYY] \$	
The state of the s	The state of the s				_
House #	Street Address		•	Date [MM/DD/YYYY] \$	
		Les 28800 : d		(本)等 (文学) (文学)	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co					
	A PROPERTY OF THE STATE OF	ACA ACA			
Full Name of Cor	ntributor		•	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	•	State	Zip Code	Date [MM/DD/MYY] \$	
Description of Co	entribution		,		
Full Name of Cor	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
t t					
City	Taktha and Angle Angle Land	State	Zip Code	Date [MM/DD/YYYY] \$	<u></u>
	m - O - Marin David Comment of the C	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
Description of Co	ntribution	**************************************			
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	-
House #	Street Address			Date [MM/DD/YYYY] \$	,
City	1. v a v na v na	State	Zip Code	Date [MM/DD/YYYY] \$	
A TANK	i i ⊈ ide • i i i i i i i i i i i i i i i i i i	4.8V0.445	100 (100 (100 (100 (100 (100 (100 (100		
pescription of Co	ntribution				
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
	10				
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Lober and committee for reading and engagement of the gr	State	Zip Code	Date [MM/DD/YYYY] \$	
	& S. Nowaka distribution of the designation of the	100			
Description of Co	ntribution				
	100000	•			******

## 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	ATE	Occupation
Employer Mailing Address / Principal		Description
Place of Business		of
Full Name of Contributor	<u> </u>	Contribution  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		Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street/Address		Date [MM/DD/YYYY] \$
	Proceedings   England Section	
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor	(A)	Date [MM/DD/YYYY] \$
in the company of the		
House # Street Address		Date [MM/DD/YYYY] \$
Gity	State. Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description
migre Of Dubine 22		of Contribution

## Statement of Expenditures

Filer Identification Number:			

49 - 1955 - Charles of the Charles o			na a Constitución de la constitu
To Whom Paid			Date [MM/DD/YYYY] \$.
House # Street Address			Description of Expenditure
Gity	State	Zip Code	
To Whom Paid	Reducers 18 Not	Kanada kanada ari ari ari	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	A AND THE STATE OF THE STATE AND
To:Whom Paid	Man and Association of the Control o	3.6 - A. A. P. C. S. L. P. C. S.	Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
Street Address			-pescaption of Experience
City.	State	Žip Code	
To Whom Paid		,	Date [MM/DD/YYYY] S
House # Street Address	1. 10.00		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
Gity	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City.	State:	Zip Code	

Expense Date	Amount	Vendor	Description
5/8/2023 10:25	\$0.38	ActBlue	Service fees for online contributions
5/8/2023 10:25	\$0.78	Stripe	Credit card processor fees for online contributions
5/11/2023 14:37	\$0.38	ActBlue	Service fees for online contributions
5/11/2023 14:37	\$0.78	Stripe	Credit card processor fees for online contributions
5/22/2023 20:48	\$0.38	ActBlue	Service fees for online contributions
5/22/2023 20:48	\$0.78	Stripe	Credit card processor fees for online contributions
5/28/2023 17:41	\$0.15	ActBlue	Service fees for online contributions
5/28/2023 17:41	\$0.45	Stripe	Credit card processor fees for online contributions
5/28/2023 18:02			Service fees for online contributions
5/28/2023 18:02			Credit card processor fees for online contributions
5/28/2023 19:22			Service fees for online contributions
5/28/2023 19:22			Credit card processor fees for online contributions
5/28/2023 20:33			Service fees for online contributions
5/28/2023 20:33			Credit card processor fees for online contributions
5/28/2023 21:05			Service fees for online contributions
5/28/2023 21:05			Credit card processor fees for online contributions
5/28/2023 21:15			Service fees for online contributions
5/28/2023 21:15	\$0.78	-	Credit card processor fees for online contributions
5/31/2023 21:31			Service fees for online contributions
5/31/2023 21:31		Stripe	Credit card processor fees for online contributions
	\$17.50		
	٠		

## 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			<u> 8508 </u>
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
Gity		State Zip Code	
Description of Debt			
Name of Creditor			
House #	Street-Address	DATE DEBT INCURRED	Outstanding Balance of Debt
	SIIEELAMA.ESS	DATE DESTINGURRED	\$
City		State Zip	
Description of Debt	<u> </u>	Code	
Name of Creditor			The second secon
House#	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
	Street Addition	[MM/DD/YYYY]	<b>3</b>
City		State Zip	
Description of Debt		Code	
Name of Creditor  House #	The second secon		Outstanding Balance of Debt
House #	Street Address	DATE:DEBT.INCURRED [MM/DD/YYYY]	\$
City			
Description of Debt		State Zip Code	
		· .	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
		2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City		State Zip Code	
Description of Debt			<u>菱</u>
and the second of the second			



### 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 hy hand where a signature is required

eporting Cycle	Name				
☐ Cycle 1	☐ Cycle 2	Cycle 3		Cycle 4	☐ Cycle 5
6 <sup>th</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	6 <sup>th</sup> T	uesday	2 <sup>nd</sup> Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-l	Election	Pre-Election
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		☐ Cy	cle 9
Day Post-Election	Annual Report	2 <sup>nd</sup> Friday Pre-Special Election 30 D		30 Day Po	ost-Special Election

is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law o that the accompanying Campaign Finance Report	•		
16	06/06/2023		
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)		
Peter Frank	Erie/PA/U.S.		
Printed Name	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)
<a href="https://www.dos.pa.gov/campaignfinance">www.dos.pa.gov/campaignfinance</a> • 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

Erie/PA/U.S.

06/06/2023

**Printed Name** 

Chris Drexel

Location (City/State/Country)

Date (MM/DD/YYYY)