Commonwealth of Pennsylvania - Campaign Finance Report

		(Note: T	his report i	must be	clear an	d legible.	It sho	uld be t	yped)					
Filer Identificat Number	i on 92	2-3202971	Report Fil (Mark X)	ed By	Candid	ate		Comm	ittee		X		Lobby	ist	
Name of Filing Lobbyist	Committee, Ca	ndidate or	Friends of	Susanna	h Faulkne	r	<u></u>				1 15		· · · · · · · · · · · · · · · · · · ·		<u> </u>
Street Address			1037 W. 4t	h St.							,				
City	Erie		<u> </u>		State	PA		Zip Co	de	16507	 				
Type of Report	(Place x under	report type)		***	!				'	<u> </u>			··· · · ·	· · · · · · · · · · · · · · · · · · ·	
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tueso Pre- Election		2 nd Friday - Election		-	7- Anr	rual		al 2 ^{na} Fri lection	day	Specia Post-E		
							<u> </u>		1		- 1		f		**
Date Of Electio (MM/DD/YYYY	And the second second	05/16/2023	Year		2023	Amendr Report	nent]	Termi Repor	nation t				
Summary of Re Expenditures	ceipts and	From Date		Date October	1000				For	Office L	lse Only				
A. Amount Bro	ught Forward F	05/02/2023 rom Last Repor	f 1	06/05/2 2015.	·		<u> </u>				S		2012	<u> Selferi</u>	***************************************
(From Schedule	el)	ons and Receipts	8	1219.	.00								2023 JUN 15		
C. Total Funds ((Sum of Lines A	and B)		8	3234.	73						247 6/3				
D. Total Expend (From Schedule) III)		8	1999.	.53						to joint				
E. Ending Cash (Subtract Line I) from Line C)		\$	1235.	.20						Ē	₹	M 10: 09		
F. Value of In-K (From Schedule		ons Received	8	1591	.75	1						-	w		
G. Unpaid Debt (From Schedule		ons	\$. 0	-,,	1									
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Part II- If this is a I swear (or affirm amended.							lated an	y provisio	ons of i	the Act o	f June 3,	1937 (f	P.L. 1333	, NO.32	20) as
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My Commission e	xpires /c/	DAY YR.	mmission number Pennsylvania Associ	of Pennsylvani Watson, Nota Erie County	-	Area Code				•	Phone No				-
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			4255 tion o	y Pul	3										

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number			<u>-i</u>
	422 W 18th St		

1.Unitermized Contributions and Receipts-\$ 50.00 or Less per Contributor		*	
Total for the reporting period	(1)	\$	
			494.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)	•	8	725.00
Total for the reporting period	(2)	8	725.00
3. Contributions Over \$ 250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		8	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	8	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, Re. Cover Page, Item B)	port	\$	1219.00

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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 92-32029	71			
					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee				water Edition was 1111]	
House #	Street Address			Date [MM/DD/YYYY]	8
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Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	18.
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	.\$
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City		State	Zip Code	Date [MM/DD/YYYY]	*:
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Committee	na watuy			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
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Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
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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.)

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		92-3202971			

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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 identificati	on Number: 92-32029	71			
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY] 8	
House#	Street Addres	\$		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Contributing C				Date [MM/DD/YYYY]	
House #	Street Addres	S		Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Addres	S		Date [MM/DD/YYYY] \$	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing C	ommittee		Lata Carandan	Date [MM/DD/YYYY] 8	
House #	Street Addres	8		Date [MM/DD/YYYY]	
City	<u>1994 A. A. 1888 (1.1</u>	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY]	
House #	Street Addres			Date [MM/DD/YYYY] \$	
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Full Name of Contributing C				Date [MM/DD/YYYY] \$	
House #	Street Addres			Date [MM/DD/YYYY] \$	
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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)

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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 Num	s ber: 92-3202971			
Full Name				
House #	Street Address	 		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	Michigan Al-British	ooue :	
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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:	92-3202971		
1. UNITEMIZED IN-KIND	CONTRIBUTIONS RECEIVED-VALUE OF \$5	0.00	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	8	147.38
2. IN-KIND CONTRIBUTION	ONS RECEIVED-VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	177.14
3. IN-KIND CONTRIBUTION	ON RECEIVED-VALUE OVER \$250.00 (FROI	M PAI	(T.G)
TOTAL for the reporting period	(3)	\$	1267.23
	TRIBUTIONS DURING THIS REPORTING totals from boxes 1, 2, and 3; also enter ltem F)	8	1591.75

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SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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House #	Street Address			Date [MM/DD/YYYY]	8	
523	Ha	stings Street				
City		State	Zip Code	Date [MM/DD/YYYY]	8	
Pittsburgh		PA	15206	**************************************		
Description of Cor	ntribution	Staff hours				<u> </u>
Full Name of Cont	ributor	01		Date [MM/DD/YYYY]	\$	
	PA United PA	С		05/17/2023	2.98°	115.56
House #	Street Address			Date [MM/DD/YYYY]	**	
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			1: ************************************	Basa Pales (DD 00000)		
City Pittsburgh	ı	State PA	Zip Code 15206	Date [MM/DD/YYYY]	8	
SARCASAS			10200			
Description of Cor	stribution	Doorhangers				
Full Name of Cont	ributor		,	Date [MM/DD/YYYY]	\$	
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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

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Full Name of Contributor	idaa	Date [MM/DD/YYYY] \$
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House # Street Address		Date [MM/DD/YYYY] \$
1307 St	ate Street	
City Erie	State Zip Code 16501	Date [MM/DD/YYYY] 8
	10001	
Employer Name	FEED Media Art Center	Occupation Owner
Employer Mailing Address / Principal	Y.	Description
Place of Business	1307 State Street Erie PA 16501	of Event hosting and space
Full Name of Contributor	, , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]
PA United PA	C	05/17/2023 338.57
House # Street Address		Date [MM/DD/YYYY] 3
[4,0 e 5,0 februaries 4,0 februaries 1,0 februaries	stings Street	05/17/2023 287.88
City	State Zip Code	Date [MM/DD/YYYY] 1
Pittsburgh	PA 15206	
Employer Name		Occupation Operations Dispeter
Employer Mailing Address / Principal	Deanna Sylte	Operations Director
Place of Business	53 Hastings Street Pittsburgh PA 15206	Description Postpards and postpare
	33 riastings Street Fittsburgh FA 13200	Contribution Postcards and postage
Full Name of Contributor		Date [MM/DD/YYYY]
PA United PA	C	05/19/2023
House # Street Address		Date [MM/DD/YYYY] \$
523 Ha	stings Street	150 150
City	State Zip Code	Date [MM/DD/YYYY] 8
Pittsburgh	PA 15206	
Employer Name	Deanna Sylte	Occupation Operations Director
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Fmnlover Mailing Address / Principal		
Employer Mailing Address / Principal Place of Business	523 Hastings Street Pittsburgh PA 15206	Description
Place of Business	523 Hastings Street Pittsburgh PA 15206	Description of Staff hours
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Statement of Expenditures

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	PC	Box 441	146					
City Somerville		State	МА	Zip Code	02144	Service fees		
To Whom Paid						Date [MM/DD/YYYY]		
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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.

Filer Identification Number:			
	92-3202971		
	l		

Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
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Name of Creditor				Outstanding Balance of Debt
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City		State	Zip Code	
Description of Deb				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip. Code	(2) (3) (4)
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Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City Description of Deb		State	Zip Code	
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Name of Creditor	14, 17, 17 28, 17, 18			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
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House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zíp Code	
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