

<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)	05/16/2023	Year	2023	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	04/01/2023	05/01/2023	
A. Amount Brought Forward From Last Report	\$	0.00	<p style="text-align: center;"> 2023 JUN - 1 PM 1:31 ERIE COUNTY VOTER REGISTRATION </p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	726.77	
C. Total Funds Available (Sum of Lines A and B)	\$	726.77	
D. Total Expenditures (From Schedule III)	\$	726.77	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1,250.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 true to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this <u>1</u> day of <u>June</u> , 20 <u>23</u> <u>Sue Sheffield</u> Signature	<u>Pamela L. Nolan</u> Signature of Person Submitting report Pamela L. Nolan Printed Name
My Commission expires <u>12-02-2026</u> MO. DAY YR.	814 _____ 450-5174 Area Code 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.

Notary Public
 Sue Sheffield, Erie County
 Commission expires December 2, 2023
 Commission number 142447

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)	\$	26.77
Total for the reporting period (3)	\$	26.77

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>	\$	

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]	\$	

House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	

House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #		Street Address		Date [MM/DD/YYYY]	\$	

City	Edinboro	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	\$	350.00
						04/11/2023		
Employer Name		Sarah A Reed Children's Center				Occupation	Clinical Care Aide	
Employer Mailing Address / Principal Place of Business		2445 W 34 St, Erie PA 16506						
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #	R	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]	\$	

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									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period

(2)

\$

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

TOTAL for the reporting period

(3)

\$

1,250.00

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)

\$

1,250.00

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								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	

Edinboro		PA		16412							
Employer Name				Kevin Hayes Electric				Occupation		Office Manager	
Employer Mailing Address / Principal Place of Business								Description of Contribution		Atty fee to defend petition challenge	
Full Name of Contributor								Date [MM/DD/YYYY]		\$	
House #				Street Address				Date [MM/DD/YYYY]		\$	
City				State				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				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				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]		\$	

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								