

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

|   |          |                              |                          |           |                          |           |                                     |          |                          |
|---|----------|------------------------------|--------------------------|-----------|--------------------------|-----------|-------------------------------------|----------|--------------------------|
| Filer Identification Number                     | 83392470 | Report Filed By (Mark X)     | <input type="checkbox"/> | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist |          | Friends To Elect Mary Kennie |                          |           |                          |           |                                     |          |                          |
| Street Address                                  |          | 3831 Eliot Rd                |                          |           |                          |           |                                     |          |                          |
| City  | ERIE     | State                        | PA                       | Zip Code  | 16508                    |           |                                     |          |                          |

Type of Report (Place x under report type)

|  |                                       |                                     |  |   |                          |                          |   |                              |                          |
|--|---------------------------------------|-------------------------------------|--|---|--------------------------|--------------------------|---|------------------------------|--------------------------|
| 1- 6 <sup>th</sup> Tuesday Pre-Primary | 2- 2 <sup>nd</sup> Friday Pre-Primary | 3- 30 Day Post Primary              | 4- 6 <sup>th</sup> Tuesday Pre- Election | 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 |                          |
| <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)          |                                       | 05/16/2023                          |  | Year                                    |                          | Amendment Report         | <input type="checkbox"/>                    | Termination Report           | <input type="checkbox"/> |

|  |           |          |  |
|--|-----------|----------|--|
| Summary of Receipts and Expenditures                           | From Date | To Date  | For Office Use Only  |
|  | 05/02/23  | 06/05/23 |  |
| A. Amount Brought Forward From Last Report                     | \$        | 2568.38  | <p style="text-align: center;">2023 JUN 15 AM 11:19</p> <p style="text-align: center;">ERIE COUNTY</p> <p style="text-align: center;">VOTER REGISTRATION</p> |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$        | 400.00   |  |
| C. Total Funds Available (Sum of Lines A and B)                | \$        | 2968.38  |  |
| D. Total Expenditures (From Schedule III)                      | \$        | 107.58   |  |
| E. Ending Cash Balance (Subtract Line D from Line C)           | \$        | 2860.80  |  |
| F. Value of In-Kind Contributions Received (From Schedule II)  | \$        | NA       |  |
| G. Unpaid Debts and Obligations (From Schedule IV)             | \$        | NA       |  |

## 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

13 day of JUNE 2023

Signature

Commonwealth of Pennsylvania - Notary Seal  
Bryan Trost, Notary Public  
Erie County

Signature of Person Submitting report

Printed Name

My Commission expires 12-11-23  
MO. DAY

My commission expires December 11, 2023  
Commission number 1295198

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.

Sworn to and subscribed before me this

13 day of JUNE 2023

Signature

Commonwealth of Pennsylvania - Notary Seal  
Bryan Trost, Notary Public  
Erie County

Signature of Candidate

Printed Name

My Commission expires 12-11-23  
MO. DAY

My commission expires December 11, 2023  
Commission number 1295198

Area Code

Daytime Telephone Number

**SCHEDULE I**  
**Contributions and Receipts**  
Detailed Summary Page

|   |    |           |
|---|----|-----------|
| <b>Filer Identification Number</b><br>833/2648  |    |           |
| <b>1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor</b>  |    |           |
| Total for the reporting period (1)  |    | \$ NA     |
| <b>2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)</b>   |    |           |
| Contributions Received from Political Committees (Part A)   | \$ | 150.00    |
| All Other Contributions (Part B)  | \$ | 0         |
| Total for the reporting period (2)  |    | \$ 150.00 |
| <b>3. Contributions Over \$ 250.00 (From Part C and Part D)</b>   |    |           |
| Contributions Received from Political Committees (Part C)   | \$ | 250.00    |
| All Other Contributions (Part D)  | \$ | 0         |
| Total for the reporting period (3)  |    | \$ 250.00 |
| <b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>  |    |           |
| Total for the reporting period (4)  |    | \$ NA     |
| <b>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)</b> |    | \$ 400.00 |

I hereby certify that the information furnished on this form is true and correct. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

Signature of Filer  
 Date

**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 | 833926470 |
|-----------------------------|-----------|

|                                     |                |  |       |    |           |       | Amount            |          |          |
|-------------------------------------|----------------|--|-------|----|-----------|-------|-------------------|----------|----------|
| Full Name of Contributing Committee |                |  |       |    | WTF Pac   |       | Date [MM/DD/YYYY] | 05/11/23 | § 250.00 |
| House #                             | Street Address |  |       |    | Rd Pop 35 |       | Date [MM/DD/YYYY] |          |          |
| City                                | Erie           |  | State | Pa | Zip Code  | 16502 | 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] |          |          |
| 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: | 833926478 |
|------------------------------|-----------|

|                          |       |                |          |                   |                   |    |    |  |
|--------------------------|-------|----------------|----------|-------------------|-------------------|----|----|--|
| Full Name of Contributor |       |                |          |                   | Date [MM/DD/YYYY] |    | \$ |  |
| Kevin B. McCabe          |       |                |          |                   | 05/11/2010        |    |    |  |
| House #                  |       | Street Address |          |                   | Date [MM/DD/YYYY] |    | \$ |  |
| 815                      |       | Bancroft Ave   |          |                   |                   |    |    |  |
| City                     | State |                | Zip Code | Date [MM/DD/YYYY] |                   | \$ |    |  |
| Erie                     | Pa.   |                | 16892151 |                   |                   |    |    |  |
| 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: | 833924470 |
|------------------------------|-----------|

|                                     |                |       |          |                   |                   |    |    |
|-------------------------------------|----------------|-------|----------|-------------------|-------------------|----|----|
| Full Name of Contributing Committee |                |       |          |                   | Date [MM/DD/YYYY] | \$ | NA |
| 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] | \$                |    |    |
| 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:

833926470

|  |                |  |          |                   |  |    |    |
|--|----------------|--|----------|-------------------|--|----|----|
| Full Name of Contributor                               |                |  |          | Date [MM/DD/YYYY] |  | \$ | NA |
|  |                |  |          |                   |  |    |    |
| 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 |                |  |          |                   |  |    |    |
| 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:

83926470

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

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: | 833926470 |
|------------------------------|-----------|

|  |     |  |
|--|-----|--|
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b> |     |  |
| TOTAL for the reporting period   | (1) | \$ <span style="float: right;">NA</span> |

|   |     |    |
|---|-----|----|
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b> |     |    |
| TOTAL for the reporting period  | (2) | \$ |

|   |     |    |
|---|-----|----|
| <b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b> |     |    |
| TOTAL for the reporting period  | (3) | \$ |

|   |    |  |
|---|----|--|
| 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) | \$ |  |
|---|----|--|



**SCHEDULE II**  
**Part G**  
**In-Kind Contributions Received**  
**VALUE OVER \$ 250**

|                              |           |
|------------------------------|-----------|
| Filer Identification Number: | 833926470 |
|------------------------------|-----------|

|  |                |  |       |          |                   |                             |    |           |
|--|----------------|--|-------|----------|-------------------|-----------------------------|----|-----------|
| Full Name of Contributor                               |                |  |       |          | Date [MM/DD/YYYY] |                             | \$ | <i>MD</i> |
|  |                |  |       |          |                   |                             |    |           |
| 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 II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number:

833926470

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

SCHEDULE III  
Statement of Expenditures

|                              |           |
|------------------------------|-----------|
| Filer Identification Number: | 833926470 |
|------------------------------|-----------|

|              |  |                |  |          |                            |                |    |  |        |  |
|--------------|--|----------------|--|----------|----------------------------|----------------|----|--|--------|--|
| To Whom Paid |  | Fedex          |  |          | Date [MM/DD/YYYY]          |                | \$ |  | 107.58 |  |
| House #      |  | Street Address |  |          | Description of Expenditure |                |    |  |        |  |
| 5148         |  | Peach St       |  |          |                            |                |    |  |        |  |
| City         |  | State          |  | Zip Code |                            |                |    |  |        |  |
| Erie         |  | Pa             |  | 16589    |                            | Business Cards |    |  |        |  |

|              |  |                |  |          |                            |  |    |  |  |  |
|--------------|--|----------------|--|----------|----------------------------|--|----|--|--|--|
| 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 |  |    |  |  |  |
|              |  |                |  |          |                            |  |    |  |  |  |
| 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 |  |    |  |  |  |
|              |  |                |  |          |                            |  |    |  |  |  |
| 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 |  |    |  |  |  |
|              |  |                |  |          |                            |  |    |  |  |  |
| 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.

|                                     |           |
|-------------------------------------|-----------|
| <b>Filer Identification Number:</b> | 833926470 |
|-------------------------------------|-----------|

|                            |  |                       |                 |   |  |                                    |    |
|----------------------------|--|-----------------------|-----------------|---|--|------------------------------------|----|
| <b>Name of Creditor</b>    |  |                       |                 |   |  | <b>Outstanding Balance of Debt</b> |    |
| <b>House #</b>             |  | <b>Street Address</b> |                 | <b>DATE DEBT INCURRED</b><br>[MM/DD/YYYY] |  | \$                                 | NA |
|                            |  |                       |                 |   |  |                                    |    |
| <b>City</b>                |  | <b>State</b>          | <b>Zip Code</b> |   |  |                                    |    |
| <b>Description of Debt</b> |  |                       |                 |   |  |                                    |    |

  

|                            |  |                       |                 |   |  |                                    |  |
|----------------------------|--|-----------------------|-----------------|---|--|------------------------------------|--|
| <b>Name of Creditor</b>    |  |                       |                 |   |  | <b>Outstanding Balance of Debt</b> |  |
| <b>House #</b>             |  | <b>Street Address</b> |                 | <b>DATE DEBT INCURRED</b><br>[MM/DD/YYYY] |  | \$                                 |  |
|                            |  |                       |                 |   |  |                                    |  |
| <b>City</b>                |  | <b>State</b>          | <b>Zip Code</b> |   |  |                                    |  |
| <b>Description of Debt</b> |  |                       |                 |   |  |                                    |  |

  

|                            |  |                       |                 |   |  |                                    |  |
|----------------------------|--|-----------------------|-----------------|---|--|------------------------------------|--|
| <b>Name of Creditor</b>    |  |                       |                 |   |  | <b>Outstanding Balance of Debt</b> |  |
| <b>House #</b>             |  | <b>Street Address</b> |                 | <b>DATE DEBT INCURRED</b><br>[MM/DD/YYYY] |  | \$                                 |  |
|                            |  |                       |                 |   |  |                                    |  |
| <b>City</b>                |  | <b>State</b>          | <b>Zip Code</b> |   |  |                                    |  |
| <b>Description of Debt</b> |  |                       |                 |   |  |                                    |  |

  

|                            |  |                       |                 |   |  |                                    |  |
|----------------------------|--|-----------------------|-----------------|---|--|------------------------------------|--|
| <b>Name of Creditor</b>    |  |                       |                 |   |  | <b>Outstanding Balance of Debt</b> |  |
| <b>House #</b>             |  | <b>Street Address</b> |                 | <b>DATE DEBT INCURRED</b><br>[MM/DD/YYYY] |  | \$                                 |  |
|                            |  |                       |                 |   |  |                                    |  |
| <b>City</b>                |  | <b>State</b>          | <b>Zip Code</b> |   |  |                                    |  |
| <b>Description of Debt</b> |  |                       |                 |   |  |                                    |  |

  

|                            |  |                       |                 |   |  |                                    |  |
|----------------------------|--|-----------------------|-----------------|---|--|------------------------------------|--|
| <b>Name of Creditor</b>    |  |                       |                 |   |  | <b>Outstanding Balance of Debt</b> |  |
| <b>House #</b>             |  | <b>Street Address</b> |                 | <b>DATE DEBT INCURRED</b><br>[MM/DD/YYYY] |  | \$                                 |  |
|                            |  |                       |                 |   |  |                                    |  |
| <b>City</b>                |  | <b>State</b>          | <b>Zip Code</b> |   |  |                                    |  |
| <b>Description of Debt</b> |  |                       |                 |   |  |                                    |  |