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

Filer identification 92-2947775	Report Filed By Candida (Mark X)	Committee Lobbyist				
Name of Filing Committee, Candidate or Lobbyist	LINDA ROCCO					
Street Address	2307 GREENGARDEN ROAD)				
City ERIE	State	PA Zip Code 16502				
Type of Report (Place x under report type)						
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6th Tuesday 5-2nd Friday Pre-Election Pre-Election	6- 30 Day Post 7- Annual Special 2 nd Friday Special 30 Day Election Pre-Election Post-Election				
Date Of Election 05/16/2023 (MM/DD/YYYY)	Year 2023	Amendment Termination Report Report				
Summary of Receipts and From Date	To Date	For Office Use Only				
Expenditures 04/10/2023	05/05/2023	1997 - 1998 - 19				
A. Amount Brought Forward From Last Report	.00					
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 6777.04	ERIE COUNTY				
C. Total Funds Available (Sum of Lines A and B)	\$ 6777.04	· ·				
D. Total Expenditures (From Schedule III)	\$ 4290.63	MAY 18 2023				
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 2486.41	VOTER REGISTRATION				
F. Value of In-Kind Contributions Received (From Schedule II)	\$.00					
G. Unpaid Debts and Obligations (From Schedule IV)	\$.00					
Day 1 Stable in a Committee of the stable in	Affidavit Se	· · · · · · · · · · · · · · · · · · ·				
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attac		andidate sign here. best of my knowledge and belief true, correct and complete.				
Sworn to and subscribed before me this						
10 day of MAY 20 2023	1 -	Tynda J. Brown				
AAAAA	L.R	Signature of Person Submitting report				
Signature	- , -	Printed Name				
My Commission expires	8	240-8774				
MO. DAY YR.	——————————————————————————————————————	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						
day of20	- ' -	Signature of Candidate				
Signature	- , ` -	Printed Name				
My Commission expires	-					
MO. DAY YR.	,	Area Code Daytime Telephone Number				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

THE RESERVE OF THE PROPERTY OF				
Filer Identification Number				
ENERGINEER CONTINUES				
	00 00 47775			
Control of the Contro	32-234/1/3	· ·		
THE RESIDENCE OF THE PROPERTY				

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	2895.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	. ;	250.00
All Other Contributions (Part B)	1	1160.00
Total for the reporting period (2)	1410.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	,	0.00
All Other Contributions (Part D)	,	2472.04
Total for the reporting period (3) \$	2472.04
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4) (0.00
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, Repo Cover Page, Item B)	rt	6777.04

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 Num	ber 92-294777	75				
SOCIETA NA PARAMANANA						Amount
Full Name of Contribu				Date [MM/DD/AYYA/]	\$	050.00
Committee	IAFF #293	3 PAC		05/05/2023		250.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	•••••••••••••••••••••••••••••••••••••••	State	Zip Code	 Date [MM/DD/YYYY]	\$	
	- Select 18-08 Laborate gate had now now					
Full Name of Contribu Committee	uting			Date [MM/DD/YYYY]	\$	
House #	Street Address			 Date [MM/DD/YYYY]	\$	
		- 900 WAY OF SOME AND SOME	Typ (AVA pt. 600) / pt. 600	 Secretificate residence de relations de la constant		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Sul Name of Control	Mar			Date May 105 (1995)	1.	
Full Name of Contribu Committee	41115			Date [MM/DD/YYYY]	- Ş	
	CENTERATURE			 BDD+2000/800/255-700		
House #	Street Address			Date [MM/DD/YYYY]	\$	1
		E		 Date francisco	44	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contribu	iting			Date [MIM/DD/YYYY	\$	
Committee					1	
House#	Street Address		· · ·	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	 Date [MM/DD/YYYY]	\$	
]	·
Full Name of Contribu	iting		A COLONIA CONTRACTOR	 Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
ing and a second	elle delle delle delle delle elle dille delle delle delle delle					
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contribu Committee	iting			 Date [MM/DD/YYYY]	_ \$	
				 Discussion	4,4	
House #	Street Address		•	Date [MM/DD/YYYY]	\$	·
		- Companies	\$23.00 miles (1.00			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
				I	HIER .	1

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: 92-2947775	

			No.	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	TAMI ROCCO		04/30/2023	60.00
House # Str	et Address		Date [MIV/DD/YYYY] \$	
City	State Zip		D. L. INARLIDO (ABANI)	
eity	State 21p	Code	Date [MM/DD/YYYY] \$	
				•
Full Name of Contributor	ALEVA ALIBIE DIOMOEDIO		Date [MM/DD/YYYY] \$	
非原理 化动物	ALEX/LAURIE D'ONOFRIO		04/16/2023	100.00
House # Str	et Address		Date [MM/DD/YYYY] \$	
0.000				
City	State Zip	Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	JEANNE CAMBRA			100.00
			04/16/2023	
House # Str	et Address		Date [MM/DD/YYYY] 5	
City	State Zip	Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] 5	
	ARMAND/LINDA ROCCO			100.00
14 Set of helicities in	No workers about half-garages controls I		04/10/2023	
House # Str	eet Address		Date [MM/DD/YYYY] \$	
City	State Zip	Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	SEAN PERSEO		04/16/2023	100.00
Hause # Stre	et Address		Date [MM/DD/YYYY] \$	
City	State Zip	Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	100.00
en de la composition de la composition La composition de la	JACK ROCCO		05/04/2023	100.00
House # Str	eet 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:	92-2947	775	

Full Name of Co	Market and the second	PORCESSAN AND AND AND AND AND AND AND AND AND A
Full Ivanie Ur. G	Pat Calabrese	Date [MM/DD/YYYY] \$ 100 00
House #		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co		
Full Name of Co	Carl Anderson	Date [MM/DD/YYYY] \$
40,500 (40,000) 27,500 (40,000)		04/30/2023 /00.00
House #	Street Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co		
run wanne or co	John Steiner	Date [MM/DD/YYYY] \$
	GASS MANAGASS CONTROL (NAME OF A SAME OF A SAM	04/30/2023 /00.00
House #	Street Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ontributor 1 1 - 11	Date [MM/DD/YYYY] S
Power State Committee	Len / Tara Culbi	reth 05/02/2003 100.00
House #	Street Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ontributor 1 / /	Date [MM/DD/YYYY] \$
	Kon Legler	05/02/3027 /00.00
House #	Street Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ontributor /	Date [MM/DD/YYYY] \$
Professional State of the Control of	Kelly Heberle	
House #	Street Address	04//6/23//00.00 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:

City

House #

City

Full Name of

Contributing Committee

Street Address

92-2947775	
Full Name of	Date [MM/DD/YYYY] 5
Contributing Committee	
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Committee .	Date [MM/DD/YYYY] 5
Contributing committee	
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] 5
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] \$

Zip Code

Zip Code

Date [MM/DD/YYYY] \$

Date [MM/DB/YYYY]

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

State

State

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:			
	00 00 47775		•
	92-294///5		

Full Name of Contributor		
run vanie or contributor	CURIS COLII THORRE	Date [MM/DD/YYYY] \$ 300.00
	CHRIS GOULTHORPE	04/16/2023
House # Str	eet Address	Date [MM/DD/YYYY] \$
<u> </u>		
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation CMAL PLANTER CMALE
		SMALL BUSINESS OWNER
Employer Mailing Address Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
	STEPHEN ADAMS	05/01/2023 500.00
House# Str	eet Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		
		Occupation RETIRED SCHOOL TEACHER
Employer Mailing Address Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
	JUSTIN MCINTOSH	04/21/2023 500.00
House # Str	eet Address	Date [MM/DD/YYYY] \$ 500.00
e asales - J		04/21/2023
City	State Zip Code	Date [MM/DD/YYYY] \$
		· (36/43/8)
L MINIOUSE RISING		Occupation
Employer Name		Occupation MANAGER AT ENTERPRISE RENTAL
Employer Name Employer Mailing Address Principal Place of Business		Occupation MANAGER AT ENTERPRISE RENTAL
Employer Mailing Address		Date (MM/DD/YYYY) \$
Employer Mailing Address Principal Place of Business Full Name of Contributor	BICK EII IBBBI	MANAGER AT ENTERPRISE RENTAL
Employer Mailing Address Principal Place of Business Full Name of Contributor	BICK EII IBBBI	Date [MM/DD/YYYY] \$ 400.00
Employer Mailing Address Principal Place of Business Full Name of Contributor	RICK FILIPPPI	Date [MM/DD/YYYY] 5 04/16/2023 400.00
Employer Mailing Address Principal Place of Business Full Name of Contributor House # Stre	RICK FILIPPPI	Date [MM/DD/YYYY] \$ 400.00
Employer Mailing Address Principal Place of Business Full Name of Contributor House # Stre	RICK FILIPPPI eet Address	Date [MM/DD/YYYY] \$ 400.00
Employer Mailing Address Principal Place of Business Full Name of Contributor House # Stre	RICK FILIPPPI eet Address	Date [MM/DD/YYYY] \$ 400.00
Employer Mailing Address Principal Place of Business Full Name of Contributor House # Stre	RICK FILIPPPI eet Address State Zip Code	Date [MM/DD/YYYY] \$ 400.00

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:	92 -	-2947775	

Full Name of Co	ontributor.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Date [MM/DD/YYYY] \$
	Arm	and /Lin	da Rocco	04/10/2023 672.04
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	•			Occupation Oction
Employer Malli Principal Place				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Full Name of Co	ontributor,			Date [MM/DD/YYYY] \$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
House #	Street Address			Date [MM/DD/YYYY] \$
City	(2007-100-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		\$2000 \$25 \(\delta\)		Occupation
Employer Maili Principal Place	ng Address / of Business			Te receive acquired.
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
				Occupation
Employer Name				Capaton
Employer Maili Principal Place (
Full Name of Co	intributor			Date [MM/DD/YYYY] \$
House#	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
3 (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6				
Employer Name				Occupation*
Employer Mailii Principal Place o				

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	bec:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				(報報) (日本) (日本) (日本) (日本) (日本) (日本) (日本) (日本
Full Name		<u>.</u>		
House #	Street Address			
City ;		State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description				Table 200
Full Name	1 5 月 5 月		-	
House #	Street Address		TOO COME AND A STATE OF THE STA	EARLY AND THE STATE OF THE STAT
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name		•-		
House #	Street Address		become very entitle in	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	· 自	Mathatan	-	
Full Name				
House # City	Street Address	State	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Date [MM/DD/YYYY] \$
		alate	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Company of the second	R (And from the total description)	HARI MARI
Full Name				
House #	Street Address	State	Zin	Date [MM/DD/YYYY] \$
			Zip Code	
Receipt Description				

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	255	200 A	Date [MM/DD/YYYY] \$
City	State Zip C	ode	Date [MM/DD/YYYY] \$
Employer Name	The state of the s		Occupation /
Employer Mailing Address / Princip Place of Business	24		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addre	195		Date [MM/DD/YYYY] \$
City 1	State Zip C	ode	Date [MM/DD/YYYY] \$
Employer Name	A CONTRACTOR OF THE CONTRACTOR	1.00 mass 20.00 mass 2	Occupation
Employer Mailing Address / Princip Place of Business	131		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addre	SS		Date [MM/DD/YYYY] \$
Gity :	State Zip G		Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Princip Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addre			Date [MM/DD/YYYY] \$
City	State Zip C	ode	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Princip Place of Business	ial		Description of Contribution

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:			
1. UNITEMIZED IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.00 C	OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period (1)	\$		
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE	E-OF \$50.01 TO \$250.00 (F)	ROM PART F)	
TOTAL for the reporting period (2)	\$	·	
	OVER PARA ON FROM DAD	NT CORD BANK BANK BER	
3. IN-KIND CONTRIBUTION RECEIVED-VALUE	OVER \$250,00 (FROW PAR		
TOTAL for the reporting period (3)	\$		
		· ·	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING PERIOD (Add and enter amount totals from boxes 1, on Page 1, Report Cover Page, Item F)	'		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number				
Full Name of Contributor			Date [MIM/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] \$	
Ćity	State .	Zip Gode	Date [MM/DD/YYYY] . \$	
Description of Contribution			, <u>, , , , , , , , , , , , , , , , , , </u>	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address	ECON WALLEST WALL		Date [MM/DD/YYYY] \$	
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$	·

Statement of Expenditures

EL PITC CCC - representatives communicatives communicatives communicatives communicatives communicatives communicatives communicatives communicatives communicative communicatives communicative commu		 	
Filer Identification Number:			
A	0.0047776		
197	2-234 1710	•	

W (41)		
Fo Whom Paid	FAMILY DOLLAR	Date [MM/DD/YYYY] \$ 25.44
House #	Street Address	Description of Expenditure
City	State Zip Code	FUNDRAISER SUPPLIES
To Whom Paid	HARLAND CLARKE CHECKS	Date [MM/DD/YYYY] \$ 24/202304/ 26.00
House #	Street Address	Description of Expenditure
City	State Zip Code	CHECKS FOR CAMPAIGN
To Whom Paid	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Date [MM/DD/YYYY] \$
i di Brita Tirad capang salah Kabupatèn Kabupatèn Kab	DESANTIS SIGNS	04/24/2023
House #	Street Address	Description of Expenditure
City	State Zip Code	YARD SIGNS
To Whom Paid	DOLLAR GENERAL	Date [MM/DD/YYYY] \$
		04/30/2023 26.25
House #	Street Address	Description of Expenditure
City	State Zip Code	FUNDRAISER SUPPLIES
To Whom Paid	THE UPS STORE (5271)	Date [MM/DD/YYYY] \$ 112.36
House #	Street Address	05/01/2023 T12.36 Description of Expenditure
City	State Zip Code	DOOR HANGERS
To Whom Paid	COACH'S SPORTS BAR AND GRILL	Date [MM/DD/YYYY] \$ 05/01/2023 527.72
House #	Street Address	Description of Expenditure
City	State Zip Code	COST OF FUNDRAISER
To Whom Paid	THE UPS STORE (5271)	Date [MM/DD/YYYY]
House #	Street Address	Description of Expenditure
City	State Zip Code	YARD SIGNS
To Whom Paid	VISTA PRINT	Date [MM/DD/YYYYY] \$ 221.73
House#	Street Address	Description of Expenditure
City/	State Zip Code	DOOR HANGERS/FLYERS

Statement of Expenditures

Filer Identification Number:			
	グラー マンノロロ		
		' '	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	10 0 1	/ 🕠	

To Whom Paid	/ /	11		Date [MM/DD/YYYY] \$
	Linda	Armon	d Kocco	05/01/2023 672.04
House #	Street Address			Description of Expenditure
City	M** (284 23 34 34 44 44 44 44 44 44 44 44 44 44 44	State	Zp	
To Whom Paid			Code	Loan to Campaign
10 Wildin Pale	1 As Car	tis Sign	£.	Date [MM/DD/YYYY] \$ /
House #	Street Address	117 0/80)	04/10/2023 672.04
- Cia	an extension			Description of Expenditure
City		State	Zip Code	Yard Signs
To Whom Paid		C 11		Date [MM/DD/YYYY] 5
81427522 01	I Frin	Spinelli		04/16/2022 40.00
House #	Street Address		··· - · · · · · · · · · · · · · · · · ·	Description of Expenditure
City		State	Zip	
To Whom Paid			/Code	Fundraiser Supplies
	Mile	Higgins		04/16/3023 30.85
House #	Street Address	1)11/14/12	<u> </u>	Description of Expenditure
City		State	PO DE CORRES	
	ej a		Zip Code	Fundaviser Supplies
To Whom Paid				Date [MM/DD/YYYYY] \$
House #	Street Address			
	Street Augress			Description of Expenditure
City		State	Zip	
To Whom Paid			Code	
				Date [MM/DD/YYYY] S
House #	Street Address			Description of Expenditure
City C		State	Zip	
			Code	
To Whom Paid	:			Date [MM/DD/YYYY] \$
House#	Street Address			
3.				Description of Expenditure
City		State	Zip Code	
To Whom Paid		The second second		Date [MM/DD/YYYY] \$
96. V. 2. 34.	· Where the same of the same o			
louse#	Street Address			Description of Expenditure
ity	14 - 878 - 201 - 2	State	Zip	
15 8 5 8 6 5 6 5 8 6 5 6 5 8			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:					
Name of Creditor		Freedometer		Outstanding Balan	ce of Debt
House # Stre	et Address		DEBT INCURRED M/DD/YYYY]	\$	
City - Parameter			Zip. Code		
Description of Debt Name of Creditor				Outstanding Balance	
House # Stre	et Address	[IVIN	DEBT INCURRED M/DD/YYYYJ	S S	
City Description of Debt			Zip Code		
				mance	a genu
Name of Creditor House # Street	et Address		DEBT INCURRED M/DD/YYYY]	Outstanding Baland	CE OF WEDT
City			Zip Code		
Description of Debt Name of Creditor				Outstanding Balan	•
	et Address		DEBT INCURRED M/DD/YYYY]	\$ 	
City			Zip Code		
Description of Debt					
Name of Creditor House # Stre	et Address		DEBTINGURRED	Outstanding Balan	ce of Debt
City		m \$1 for m of \$1 for the first proposed problems on the	M/DD/YYYY) Zip		
Description of Debt			Code		
Name of Creditor				Outstanding Balan	
House # Stre	et Address		DEBT INCURRED M/DD/YYYY]	\$	
City Passage of Pass	200 (1 Table 200) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Zip Code		
Description of Debt					



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

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 Statements. This form must be signed by hand where a signature is required.

Name of Filing	Committee, Can	didate, or Lobby	ʻist		
Reporting Cycle	e Name				
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Specia	l Election	_	cle 9 ost-Special Election

Part I – If this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Statement is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Printed Name

Date (MM/DD/YYYY)

Location (City/State/Country)

DSEB-503S Updated 1/5/2022



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Part II - If this is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Statement is true and correct.

Alf Kon of	05/18/2023
Signature of Candidate	Date (DD/MM/YYYY)
Armand F Rocco Jr	Erie/PA/United States
Printed Name	Location (City/State/Country)