

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT TERRY M. SCUTELLA				
Street Address	4055 WEST 30TH STREET				
City	ERIE	State	PA	Zip Code	16506

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd 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)	5/16/2023	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
	5/1/2023	6/5/2023
A. Amount Brought Forward From Last Report	\$	3046.01
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	- 0 -
C. Total Funds Available (Sum of Lines A and B)	\$	3046.01
D. Total Expenditures (From Schedule III)	\$	- 0 -
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3046.01
F. Value of In-Kind Contributions Received (From Schedule II)	\$	- 0 -
G. Unpaid Debts and Obligations (From Schedule IV)	\$	- 0 -

For Office Use Only

2023 JUN 15 PM 12:23
ERIE COUNTY
VOTER REGISTRATION

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.

14th day of June 2023	Commonwealth of Pennsylvania - Notary Seal	Signature of Person Submitting report
Megan Rog, Notary Public	Erie County	JAMES E. BARKH
My Commission expires 07/07/2024	My Commission Expires July 07, 2024	Printed Name
MO. DAY YR.	Area Code	Daytime Telephone Number
	814	384-0441

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.

Commonwealth of PA, County of Erie

Sworn to and subscribed before me this

14th day of June 2023	Signature
Megan Rog, Notary Public	
My Commission expires 07/07/2024	
MO. DAY YR.	

Terry M. Scutella	Signature of Candidate
Terry M. Scutella	Printed Name
814	Area Code
746-0773	Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Megan Rog, Notary Public
Erie County
My Commission Expires July 07, 2024
Commission Number 1368166

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)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
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)		\$	
Total for the reporting period		(3)	\$
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>		\$	

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

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:									
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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]	\$		

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:	
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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:	
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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:

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:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

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)	\$

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)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$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]		\$
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 II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code			
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			
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			
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			
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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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				
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.

Filer Identification Number:	
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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							

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