

# 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	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	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 <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)	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	\$	-0-
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	-0-
C. Total Funds Available (Sum of Lines A and B)	\$	-0-
D. Total Expenditures (From Schedule III)	\$	-0-
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-0-
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 12:22  
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.

Sworn to and subscribed before me this

day of 20

Signature

My Commission expires

MO. DAY YR.

Signature of Person Submitting report

Printed Name

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.

Commonwealth of PA, County of Erie

Sworn to and subscribed before me this

14th day of June 2023

Megan Rog  
Signature

My Commission expires 07/07/2024

MO. DAY YR.

Terry M. Scutella  
Signature of Candidate  
Terry M. Scutella  
Printed Name

814  
Area Code

746-0213  
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
Megan Rog, Notary Public  
Erie County  
My Commission Expires July 07, 2024  
Commission Number 1366166

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

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)			\$
All Other Contributions (Part B)			\$
Total for the reporting period		(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)			\$
All Other Contributions (Part D)			\$
Total for the reporting period		(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
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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								Amount	
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:									
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]		\$	
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: <span style="border: 1px solid black; display: inline-block; width: 700px; height: 20px; vertical-align: middle;"></span>									
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Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House # <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> Street Address <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>				Date [MM/DD/YYYY]		\$	
City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> Zip Code <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>				Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House # <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> Street Address <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>				Date [MM/DD/YYYY]		\$	
City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> Zip Code <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>				Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House # <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> Street Address <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>				Date [MM/DD/YYYY]		\$	
City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> Zip Code <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>				Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House # <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> Street Address <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>				Date [MM/DD/YYYY]		\$	
City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> Zip Code <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>				Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House # <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> Street Address <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>				Date [MM/DD/YYYY]		\$	
City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> Zip Code <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>				Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House # <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> Street Address <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>				Date [MM/DD/YYYY]		\$	
City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> Zip Code <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>				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)

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

  

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>								

  

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>								

  

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>								

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

<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)		\$
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$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	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

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

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

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

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

**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:

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							