

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number			ort Filed I ark X)	Ву	Candida	ate		Committee	· · · · · · · · · · · · · · · · · · ·	X	Lobbyist	
Name of Filing Committee, Ca Lobbyist	mittee, Candidate or			Committee to Elect Sam Comfort								
Street Address		903	Linden Av					**************************************				
City Erie			-muon Av		State	DA		Zip Code	T 40505			
Eile						PA			16505			
Type of Report (Place x under			**************************************	7	d = t	l c 20 5			1	nd		
1-6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	3-30 Day Post Primary		Tuesday Election	1	d Friday Election	l	ay Post n	7- Annual	Special 2 Pre-Elect	-	Special 30 (Post-Election	-
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					X.]		<u> </u>			
Date Of Election (MM/DD/YYYY)	11/07/2023	Yea	.	2	2023	Amend Report			Terminat Report	tion		
Summary of Receipts and	From Date	T	To Date	е				For	Office Use	Only	<u> </u>	
Expenditures	06/6/2023		10)/22/20	23							
A. Amount Brought Forward I	1	- -	\$	5172.6								
B. Total Monetary Contribution	ons and Receipts	- -	-			{						
(From Schedule I)				635.8	4							
C. Total Funds Available (Sum of Lines A and B)		15	3	5808.5	1							
D. Total Expenditures		+	5	0000	·							
(From Schedule III)	· . · - · - · - · · · · · · · · · · · ·	3505.05		1								
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 2241.86		1								
F. Value of In-Kind Contribution	ons Received	15	5	0.00		1						
(From Schedule II) G. Unpaid Debts and Obligation	ons					1						
(From Schedule IV)		~		0.00								
Part 1- If this is a Committee repo	rt treasurer cian ha	re if	thic is a Co		ffidavit Se		ian hass					
I swear (or affirm) that this report								ige and belief t	rue, correct	and comple	te.	
Sworn to and subscribed before m					1	/ .	0.	, 17		1		
A6th day of October Paul G. Mon Signature	20_ <i>d</i> _3	-	· K	Coman	1	Juni	Xh	weed for	onfort			
Haul G. mon	ella II	· 	ky Confinission Exp Commission	mmonwealth of Pen PAUL: J MONELLA Erie (verie Sha	ngnature Lughness	of Person Subn sy Comfort	nittigg repor	t		
r			Sion E	神の神の				Printed Nam			_	
My Commission expires 13	18 24	~	124	Ele Co	***	12			0-7999			
MO.	DAY YR.			∵ ,⊊ ∉		Area Code		Da	ytime Teleph	ione Numb	er	
	Part II- If this is a report of a Candidate's Authorized Committee Candidate's Authorized Candidate'											
amended.	I swear (or affirm) that to the best of my knowledge and belief the spektice entittee 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												
26th day of October	20_23	-	· <u> </u>			Bil	17.0	14				
Dave St. Mon.	ella T		١.	₹		Sami	10/18	nature of Capdi	date		_	
Signature		-	. ∥g	Ommerks:	OGINA		-	Printed Name	- -			
My Commission expires 12	18 2H	_	commission	PACIL 3-MONESA Eria Commission Exp	Ē _	607	<u>,</u>	_3	86-82	43		
MO.	DAY YR.		אַר אַר	8 C T	3	Area Code		Day	time Telepho	one Numbe	_ r	
	·				X							
			COC//	16,								

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
tital instituication tahunca		
	9	

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 635.84
2. Contributions of \$50,01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
Total for the reporting period (2)	\$ 635.84
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)	\$ 0.00
Total for the reporting period (3)	\$ 0,00
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, Report Cover Page, Item B)	\$ 635.84

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	n Number				
					* 12 22 22
Full Name of Co	antributing			Date [MM/DD/YYYY]	Amount \$
Committee				Age little and	
House #	Street Address		4	Date [MM/DD/YYYY]	12
House #	Sireer Audi 633			Date fixual on Little	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					· [
House #	Street Address			Date [MM/DD/YYYY]	\$
;					. I
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					. 1
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
					1
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$1
Full Name of Co	merihisting			Date [MM/DD/YYYY]	
Committee	Minning			Date falls/2001-21-01	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
ŀ					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	·				
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
<u>. </u>					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					
Full Name of Cor Committee	itributing			Date [MM/DD/YYYY]	\$
House #	Street Address		***************************************	Date [MM/DD/YYYY]	\$
				Land Land Land	5.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				<u></u>	
. I		1	1 . 1	I j	İ

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:		
Filer Identification Number:		
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12-606 3-20 WOMEN SERVICE PERCENT SERVICES		
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Full Name of Cor	ntributor.	- : :		Date [MM/DD/YYYY]	S
and Shire for			•	ŀ	
House #	Street Address			Date [MM/DD/YYYY]	3
				7	
City		State	Zip Code	Date [MM/DD/YYYY]	
		June	Zip code	Date (MIN) DO/ (1/11)	
Full Name of Cor					EVEN SERVICE
ruii Name of Cor	Ithoutor			Date [MM/DD/YYYY]	(\$
in the second	A				
House#	Street Address			Date [MM/DD/YYYY]	\$
City	1/05/2005/2005/2005	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cor	telbutor	52 5 1 1 1 2 1 3 1 4 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Section 19 June 12 5 3 7 12 3 3 7 1	Date MM/DD/MYYY	\$
	T.				
House #	Street Address			Date [MM/DD/YYYY]	(S)
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
City		State	Zip Code	Date [MM/DD/YYYY]	S
		(h.c.)			
Full Name of Con	tributor	[355) 337 (4.1		Date [MM/DD/YYYY]	S
87 (A.B. C. (B. (B.			•		
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House#	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	S
8 W I					
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	5
		Description of the second	Direction of the Control of the Cont		
City		State	Zip Code	Date [MM/00/YYYY]	*
		7.7.5			500
Full Name of Con	tributor			Date [MM/DD/YYYY]	S
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	5.
				Control of the Section of the Sectio	
City		State	Zip Code	Date [MM/DD/YYYY]	
777 T			- IP-LOGE	Pare flattal on 13 (4.1)	\$
16. 74.54 (7.27) 13. 78. 470 (8.2			We are a Marine September	l l	CRETE AND TO

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:

······································	- and consequent 5 or 1			Annual total many property and many participations and the second	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	5
	Z. A. C. S.	TORRESON TO		THE WEST BOOK AND	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co				Date [MM/DD/WW]	
House #	Street Address			Date [MM/DD/YYYY]	S
Gity		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	Ş
Contributing Co					
House #	Street Address			Date [MM/DD/YYYM]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	'\$
House #	Street Address	 	Mar at all and a second a second and a second a second and a second a second and a second and a second and a	Date [MM/DD/YYY]	*
City	本部至2条件部2020年1	State	Zip Code	Date [MM/DD/XXXX]	.s.
Full Name of Contributing Co	mmittee	Principle of the second	Landini Veritaria	Date [MIM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City.	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Cor	mmittee	B9600088-1	ESPECIAL DESCRIPTION AS	Date [MM/DD/WW]	\$
House #	Street Address			Date [MM/DD/YYYY]	55.
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:

Full Name of Co	intributor			Date [MM/DD/YYYY] S
House #	Street Address			Date [MM/DD/YYYY] \$
City	And the second s	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
		····	***************************************	Citupation
Employer Mailin Principal Place o				
Full Name of Cor	**************************************	· , , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYYY] \$
House#:	Street Address			Date [MW/DD/YYYY] \$
City	Indiana and the process con-	State	Zip Code	Date [MW/DD//YYY] 5
				NAME OF A STATE STATE OF THE ST
Employer Name				Occupation
Employer Mailin Principal Place of				
Full Name of Con	Victorial Allega and Allega and Allega and Allega and Allega Allega and Allega Allega and Allega Allega and Allega	·		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
				200
.City	Budder Character to company and a	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	~~~	100 A		
	Marin Control			Occupation:
Employer Mailing Principal Place of				
Full Name of Con	A TOTAL CONTRACTOR OF A SECURITION OF A SECURI			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
city	Section Section at the Comments of	State	Zip Code	Date [MM/DD/YYYY] \$
				100
Employer Name	And the second second			Occupation
Employer Mailing				P visite in the special state of the special state

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.

rier identification with				· · · · · · · · · · · · · · · · · · ·
Full Name	32.653			
House#	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				And inches
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Fúll Name	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		 	:
House #	Street Address	· - · · · · · · · · · · · · · · ·	 	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			7,3	
Full Name				
House #	Street Address			
City	Street Address	⊗State⊘	/Zip	Date [MM/DD/YYYY] \$
			Code	Date [MM/DD/YYYY] \$
Receipt Description		1.0000000000000000000000000000000000000	ISCR 9 36 361	E.(22)
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		108 5655		
Full Name			 	
House #	Street Address		·	, (4X-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

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 (dentification Number:			· · · · · · · · · · · · · · · · · · ·
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CONTR	RIBUTOR
TOTAL for the reporting period	(1)	\$:
2 IN-KIND CONTRIBUTIONS RE	CEIVED=VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3 IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250	LOD (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identificatio	n Number:			
Full Name of Co	ontributor			Date [MM/DD/YYYY] S
House#	Street Address			Date [MM/DD/YYYY] /\$
City		State	Zip Code	Date [MM/DD/YYYY] S
Description of C	Ontribution			
Full Name of Co	notella i e e			Date [MM/DD/YYYY] \$
				Pace [0.00,007,117]
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of C	ontribution			
Full Name of Co	ntributor	4-2		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of C	ontribution		<u> </u>	L L
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYXY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
	World and Maria State .			
Description of C	ontribution			
Full Name of Co	ntributor			Date [MM/DD/YYYY] S

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

House#

Description of Contribution

City

Street Address

State

Zip Code

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	

Full Name of Contrib	eutor			Date [MM//DD/YYYY] S
House #	Street Address			Date [MM/DD/YYYY] \$
				The state of the s
		\$ 1 Post 1 - 94/2 V 1/2 W 1/2	The contract of Marie (Marie (Marie)	100 A
City		State	Zip Code	Date [MM/DD/YYYY] \$
51505				秦 秦
Employer Name		38	heart and other transfer and the second	Occupation
Employer Mailing Ad	ddress / Principal	is a		Description
Place of Business	Acres Eggs Ve	á		of
		Á		Contribution
Full Name of Contrib	Jutor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
HUU34 II	Street Address			Date (MIM/DD) TITLE
				\$437.52 2007.53
City	,	State	Zip Code	Date [MM/DD/YYYY] \$
	,			
Employer Name		ZAKARANA	DESTACRACIO DESTACRACIÓN	Occupation
Employer Mailing Ad	Jacob Zbrinninal	 		Contract Con
Place of Business	dress////meipa	4		Description of
		į		Contribution
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
				The state of the s
House #				The Annual Section
HOUSE #	Street Address			Date [MM/DD/YYYY] \$
	100			
City	,	State	Zip Code	Date [MM/DD/YYYY] \$
	J			
Employer Name				Occupation
AND STORY	Carrier Contraction Contraction			
Employer Mailing Ade Place of Business	dress / Principal	4		Description
Place of position		4		of Contribution
Full Name of Contribu	wine.			Date [MM/DD/YYYY] \$
				Date Iminitory and
House #	Street Address			Date [MM/DD/YYYY] \$
1. M. 1. C.				
City	NATIONAL SERVICE SERVI	State	Zip Code	Date [MM/DD/YYYY] S
	ľ	Las See		CONTROL CONTRO
Employer Name		(Occupation
	Prof. School Control C	1		
Employer Mailing Add	Iress / Principal			Description
Place or business	<i>的</i> 被探视的	i		of Contribution
1000 A.	and the second s			

Statement of Expenditures

Filer Identification Number:			

To Whom Paid Averie Shaughness	sy-Comfort		Date [MM/DD/XYYY]	\$ 2084.45		
			06/20/2023	(Tags)		
903 Li	inden Ave		Description of Expendit	ure Logista Company		
City Erie	State PA	Zip Code 16505	Reimbursement for payme	nt of Colony Fundraiser on		
To Whom Paid Vemo			Date [MM/DD/YYYY]	\$ 40.00		
			06/20/2023	40.00		
House # 17 Street Address B	arrow St		Description of Expenditu	re		
Gity NY	State NY	Zip Code 10014				
To:Whom Paid Millcreek Township			Date [MM/DD/YYYY]	\$		
			07/27/2023	370.00		
200	V 26th St		Description of Expenditu	re		
Erie	State PA	Zip Code 16506	Park Rental 9-14			
To Whom Paid CAPITOL PROMOT	CIONS		Date [MM/DD/YYYY]	400.00		
	TONS		08/03/2023	198.22		
	akdale Ave		Description of Expenditu	re		
Glenside	State PA	Zip Code 19038	Campaign Stickers			
To Whom Paid PRESQUE ISLE PR	RINTING			\$ 519.40		
			08/03/2023 and 10/06/24			
trace to the second	est Ridge Rd		Description of Expenditu	re Para de grande de la companya de la		
City Erie	State PA	Zip Code 16506	Campaign Lit Order			
To Whom Paid Wal-Mart Super ER	IE DA		Date [MM/DD/YYYY]	\$		
	IC CA		09/14/2023	10.00		
	est Ridge Rd		Description of Expenditu	(e		
City Erie	State PA	Zip Gode 16506	Fundralser Expenditures			
To Whom Paid GFS STORE #0723	ERIE PA		Date [MM/DD/YYYY] 09/14/2023	\$ 244.58		
House # 6740 Street Address P	each St		Description of Expenditu	re file		
Gity Erie	State PA	Zip Code 16509	Food expense, fundraiser			
To Whom Paid ActBlue Erie Dems		1/2008 (1996) 1998 (1994)	77	\$ 100.00		
TAXWARAN TAX			10/04/2023	15		
1305	Street Address State St			Description of Expenditure		
City Erie	State PA	Zip Code 16501	Sponsor Erie Dems Fall Dir	ner		

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	4.50		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED	(\$)
		[MM/DD/YYYY]	
City		State Zip	
or to different and the		Gode	
Description of De	ibit		
			Outstanding Balance of Debt
Name of Credito			
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip	
	122	Code	
Description of De	u.		
			Outstanding Balance of Debt
Name of Credito			
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
			1
City		State Zip	
		Code	1000 1000 1000
Description of De	ibt		
Name of Credito	(5.11.7%)		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
	and the second	[MM/dd/YYYY]	
City		State Zip	-
		Code	
Description of De	bt		
or distance, stop on			
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED	
		[MM/DD/YYYY]	
City		State Zio	- 3
	44	Code	
Description of De	bt.		•
Name of Creditor	Section 2015		Outstanding Balance of Debt
		The first of the f	Section 1 Reports to the contract of
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
		and a super of the control of the co	
City.		State Zip	
New York	K.	Code	
Description of De			
 Processoration - Control Page Modified Action (大学) 	98931 CANCESIN		