

## Commonwealth of Pennsylvania - Campaign Finance Report

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

|  |      |                                  |                  |                          |                  |                                     |                 |                          |
|--|------|----------------------------------|------------------|--------------------------|------------------|-------------------------------------|-----------------|--------------------------|
| <b>Filer Identification Number</b>                     |      | <b>Report Filed By ( Mark X)</b> | <b>Candidate</b> | <input type="checkbox"/> | <b>Committee</b> | <input checked="" type="checkbox"/> | <b>Lobbyist</b> | <input type="checkbox"/> |
| <b>Name of Filing Committee, Candidate or Lobbyist</b> |      | Committee to Elect Sam Comfort   |                  |                          |                  |                                     |                 |                          |
| <b>Street Address</b>                                  |      | 903 Linden Ave                   |                  |                          |                  |                                     |                 |                          |
| <b>City</b>  | Erie | <b>State</b>                     | PA               | <b>Zip Code</b>          | 16505            |                                     |                 |                          |

Type of Report (Place x under report type)

|   |  |                           |   |  |                            |                          |  |                                 |
|---|--|---------------------------|---|--|----------------------------|--------------------------|--|---------------------------------|
| 1- 6 <sup>th</sup> Tuesday<br>Pre-Primary | 2- 2 <sup>nd</sup> Friday<br>Pre-Primary | 3- 30 Day Post<br>Primary | 4- 6 <sup>th</sup> Tuesday<br>Pre- Election | 5- 2 <sup>nd</sup> Friday<br>Pre- Election | 6- 30 Day Post<br>Election | 7- Annual                | Special 2 <sup>nd</sup> Friday<br>Pre-Election | Special 30 Day<br>Post-Election |
| <input type="checkbox"/>                  | <input type="checkbox"/>                 | <input type="checkbox"/>  | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>        | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                       | <input type="checkbox"/>        |
| Date Of Election<br>(MM/DD/YYYY)          |  | 11/07/2023                | Year  | 2023                                       | Amendment<br>Report        | <input type="checkbox"/> | Termination<br>Report                          | <input type="checkbox"/>        |

| Summary of Receipts and Expenditures                              | From Date | To Date    | For Office Use Only |
|---|-----------|------------|---------------------|
|   | 06/6/2023 | 10/22/2023 |                     |
| A. Amount Brought Forward From Last Report                        | \$        | 5172.67    |                     |
| B. Total Monetary Contributions and Receipts<br>(From Schedule I) | \$        | 635.84     |                     |
| C. Total Funds Available<br>(Sum of Lines A and B)                | \$        | 5808.51    |                     |
| D. Total Expenditures<br>(From Schedule III)                      | \$        | 3566.65    |                     |
| E. Ending Cash Balance<br>(Subtract Line D from Line C)           | \$        | 2241.86    |                     |
| F. Value of In-Kind Contributions Received<br>(From Schedule II)  | \$        | 0.00       |                     |
| G. Unpaid Debts and Obligations<br>(From Schedule IV)             | \$        | 0.00       |                     |

## Affidavit Section


Part 1- 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

26<sup>th</sup> day of October 20 23  
Paul J. Monella II  
Signature

My Commission expires 12 18 24  
MO. DAY YR.

  
Signature of Person Submitting report  
Averie Shaughnessy Comfort  
Printed Name

|           |                          |
|-----------|--------------------------|
| 412       | 310-7999                 |
| 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.

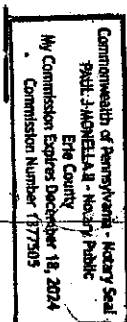
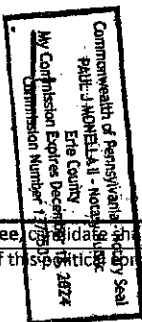
Sworn to and subscribed before me this

26<sup>th</sup> day of October 20 23  
Paul J. Monella II  
Signature

My Commission expires 12 18 24  
MO. DAY YR.

  
Signature of Candidate  
Samuel D. Comart  
Printed Name

607 386-8243  
Area Code Daytime Telephone Number



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) | \$ 635.84 |
| <b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</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 |
| <b>3. Contributions Over \$250.00 (From Part C and Part D)</b>  |  |     |           |
| Contributions Received from Political Committees (Part C)   |  |     | \$ 0.00   |
| All Other Contributions (Part D)  |  |     | \$ 0.00   |
| Total for the reporting period  |  | (3) | \$ 0.00   |
| <b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>  |  |     |           |
| Total for the reporting period  |  | (4) | \$ 0.00   |
| 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> |  |     | \$ 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 Number |  |
|-----------------------------|--|

|                                     |  |  |  |  |                   |  |          |  |                   | 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] | \$                |    |
| 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: <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px; vertical-align: middle;"></span> |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

|                          |  |  |  |  |                   |  |                   |    |                   |    |  |
|--------------------------|--|--|--|--|-------------------|--|-------------------|----|-------------------|----|--|
| 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: |  |
|------------------------------|--|

|                                     |  |                |  |          |                   |                   |    |
|-------------------------------------|--|----------------|--|----------|-------------------|-------------------|----|
| 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] | \$ |
|                                     |  |                |  |          |                   |                   |    |
| 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: |  |
|------------------------------|--|

|  |  |                |       |                   |                   |    |  |
|--|--|----------------|-------|-------------------|-------------------|----|--|
| 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 |  |                |       |                   |                   |    |  |
| 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 |  |                |       |                   |                   |    |  |
| 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 |  |                |       |                   |                   |    |  |
| 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 |  |                |       |                   |                   |    |  |

**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: <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px; vertical-align: middle;"></span> |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

|   |   |   |   |          |  |                   |  |    |  |
|---|---|---|---|----------|--|-------------------|--|----|--|
| Full Name <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px; vertical-align: middle;"></span> |   |   |   |          |  |                   |  |    |  |
| House #   | <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>  | Street Address  | <span style="border: 1px solid black; display: inline-block; width: 450px; height: 20px; vertical-align: middle;"></span> |          |  |                   |  |    |  |
| City  | <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> | State   | <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></span>  | Zip Code | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> | Date [MM/DD/YYYY] | <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> | \$ | <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> |
| Receipt Description   |   | <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px; vertical-align: middle;"></span> |   |          |  |                   |  |    |  |

|   |   |   |   |          |  |                   |  |    |  |
|---|---|---|---|----------|--|-------------------|--|----|--|
| Full Name <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px; vertical-align: middle;"></span> |   |   |   |          |  |                   |  |    |  |
| House #   | <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>  | Street Address  | <span style="border: 1px solid black; display: inline-block; width: 450px; height: 20px; vertical-align: middle;"></span> |          |  |                   |  |    |  |
| City  | <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> | State   | <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></span>  | Zip Code | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> | Date [MM/DD/YYYY] | <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> | \$ | <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> |
| Receipt Description   |   | <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px; vertical-align: middle;"></span> |   |          |  |                   |  |    |  |

|   |   |   |   |          |  |                   |  |    |  |
|---|---|---|---|----------|--|-------------------|--|----|--|
| Full Name <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px; vertical-align: middle;"></span> |   |   |   |          |  |                   |  |    |  |
| House #   | <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>  | Street Address  | <span style="border: 1px solid black; display: inline-block; width: 450px; height: 20px; vertical-align: middle;"></span> |          |  |                   |  |    |  |
| City  | <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> | State   | <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></span>  | Zip Code | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> | Date [MM/DD/YYYY] | <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> | \$ | <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> |
| Receipt Description   |   | <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px; vertical-align: middle;"></span> |   |          |  |                   |  |    |  |

|   |   |   |   |          |  |                   |  |    |  |
|---|---|---|---|----------|--|-------------------|--|----|--|
| Full Name <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px; vertical-align: middle;"></span> |   |   |   |          |  |                   |  |    |  |
| House #   | <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>  | Street Address  | <span style="border: 1px solid black; display: inline-block; width: 450px; height: 20px; vertical-align: middle;"></span> |          |  |                   |  |    |  |
| City  | <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> | State   | <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></span>  | Zip Code | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> | Date [MM/DD/YYYY] | <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> | \$ | <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> |
| Receipt Description   |   | <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px; vertical-align: middle;"></span> |   |          |  |                   |  |    |  |

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



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: |  |
|------------------------------|--|

|  |  |                |       |  |                             |  |                   |    |
|--|--|----------------|-------|--|-----------------------------|--|-------------------|----|
| 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 |  |                   |    |
| 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 III**  
**Statement of Expenditures**

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

|              |  |                            |  |                |  |                   |  |                            |  |   |  |
|--------------|--|----------------------------|--|----------------|--|-------------------|--|----------------------------|--|---|--|
| To Whom Paid |  | Averie Shaughnessy-Comfort |  |                |  | Date [MM/DD/YYYY] |  | \$                         |  | 2084.45   |  |
|              |  |                            |  |                |  |                   |  |                            |  | 06/20/2023  |  |
| House #      |  | 903                        |  | Street Address |  | Linden Ave        |  | Description of Expenditure |  |   |  |
| City         |  | Erie                       |  | State          |  | PA                |  | Zip Code                   |  | 16505   |  |
|              |  |                            |  |                |  |                   |  |                            |  | Reimbursement for payment of Colony Fundraiser on |  |

|              |  |      |  |                |  |                   |  |                            |  |            |  |
|--------------|--|------|--|----------------|--|-------------------|--|----------------------------|--|------------|--|
| To Whom Paid |  | Vemo |  |                |  | Date [MM/DD/YYYY] |  | \$                         |  | 40.00      |  |
|              |  |      |  |                |  |                   |  |                            |  | 06/20/2023 |  |
| House #      |  | 17   |  | Street Address |  | Barrow St         |  | Description of Expenditure |  |            |  |
| City         |  | NY   |  | State          |  | NY                |  | Zip Code                   |  | 10014      |  |
|              |  |      |  |                |  |                   |  |                            |  |            |  |

|              |  |                    |  |                |  |                   |  |                            |  |                  |  |
|--------------|--|--------------------|--|----------------|--|-------------------|--|----------------------------|--|------------------|--|
| To Whom Paid |  | Millcreek Township |  |                |  | Date [MM/DD/YYYY] |  | \$                         |  | 370.00           |  |
|              |  |                    |  |                |  |                   |  |                            |  | 07/27/2023       |  |
| House #      |  | 3608               |  | Street Address |  | W 26th St         |  | Description of Expenditure |  |                  |  |
| City         |  | Erie               |  | State          |  | PA                |  | Zip Code                   |  | 16506            |  |
|              |  |                    |  |                |  |                   |  |                            |  | Park Rental 9-14 |  |

|              |  |                    |  |                |  |                   |  |                            |  |                   |  |
|--------------|--|--------------------|--|----------------|--|-------------------|--|----------------------------|--|-------------------|--|
| To Whom Paid |  | CAPITOL PROMOTIONS |  |                |  | Date [MM/DD/YYYY] |  | \$                         |  | 198.22            |  |
|              |  |                    |  |                |  |                   |  |                            |  | 08/03/2023        |  |
| House #      |  | 2362               |  | Street Address |  | Oakdale Ave       |  | Description of Expenditure |  |                   |  |
| City         |  | Glenside           |  | State          |  | PA                |  | Zip Code                   |  | 19038             |  |
|              |  |                    |  |                |  |                   |  |                            |  | Campaign Stickers |  |

|              |  |                       |  |                |  |                   |  |                            |  |                           |  |
|--------------|--|-----------------------|--|----------------|--|-------------------|--|----------------------------|--|---------------------------|--|
| To Whom Paid |  | PRESQUE ISLE PRINTING |  |                |  | Date [MM/DD/YYYY] |  | \$                         |  | 519.40                    |  |
|              |  |                       |  |                |  |                   |  |                            |  | 08/03/2023 and 10/06/2023 |  |
| House #      |  | 4318                  |  | Street Address |  | West Ridge Rd     |  | Description of Expenditure |  |                           |  |
| City         |  | Erie                  |  | State          |  | PA                |  | Zip Code                   |  | 16506                     |  |
|              |  |                       |  |                |  |                   |  |                            |  | Campaign Lit Order        |  |

|              |  |                        |  |                |  |                   |  |                            |  |                         |  |
|--------------|--|------------------------|--|----------------|--|-------------------|--|----------------------------|--|-------------------------|--|
| To Whom Paid |  | Wal-Mart Super ERIE PA |  |                |  | Date [MM/DD/YYYY] |  | \$                         |  | 10.00                   |  |
|              |  |                        |  |                |  |                   |  |                            |  | 09/14/2023              |  |
| House #      |  | 5350                   |  | Street Address |  | West Ridge Rd     |  | Description of Expenditure |  |                         |  |
| City         |  | Erie                   |  | State          |  | PA                |  | Zip Code                   |  | 16506                   |  |
|              |  |                        |  |                |  |                   |  |                            |  | Fundraiser Expenditures |  |

|              |  |                         |  |                |  |                   |  |                            |  |                          |  |
|--------------|--|-------------------------|--|----------------|--|-------------------|--|----------------------------|--|--------------------------|--|
| To Whom Paid |  | GFS STORE #0723 ERIE PA |  |                |  | Date [MM/DD/YYYY] |  | \$                         |  | 244.58                   |  |
|              |  |                         |  |                |  |                   |  |                            |  | 09/14/2023               |  |
| House #      |  | 6740                    |  | Street Address |  | Peach St          |  | Description of Expenditure |  |                          |  |
| City         |  | Erie                    |  | State          |  | PA                |  | Zip Code                   |  | 16509                    |  |
|              |  |                         |  |                |  |                   |  |                            |  | Food expense, fundraiser |  |

|              |  |                   |  |                |  |                   |  |                            |  |                               |  |
|--------------|--|-------------------|--|----------------|--|-------------------|--|----------------------------|--|-------------------------------|--|
| To Whom Paid |  | ActBlue Erie Dems |  |                |  | Date [MM/DD/YYYY] |  | \$                         |  | 100.00                        |  |
|              |  |                   |  |                |  |                   |  |                            |  | 10/04/2023                    |  |
| House #      |  | 1305              |  | Street Address |  | State St          |  | Description of Expenditure |  |                               |  |
| City         |  | Erie              |  | State          |  | PA                |  | Zip Code                   |  | 16501                         |  |
|              |  |                   |  |                |  |                   |  |                            |  | Sponsor Erie Dems Fall Dinner |  |

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