	Reset For	

Print Form

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

10/17

Filer Identificat	lon	( )	ote. I		t Filed I	st de clea By Cai	ndida		11 31100	Comm	-			Lobb	vist	
Number			( Mar				7.15. x2. 4			3,4	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		2,45			
Name of Filing Committee, Candidate or Lobbyist			Friends to Elect Tracy A. Gast													
Street Address			suje († 1. s Livinski	12475	Lakevie	w Dr										
City	Edinl	oora	20 MC 11 14 14			Sta	ite	PA		Zip Co	de	16412				
Type of Report	(Place x und	ler report ty	pe)										٠			
.1-6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Frio Pre-Prima			4-6th T Pre-Ele	A CONTROL OF COMME	5-2 <sup>nd</sup> Fri Pre-Elec	CF 104 75 34	6-30 Da	DESCRIPTION OF THE STATE OF	7-Ani	nual	Special 2 Pre-Elec			ial 30 Day -Election	
	30 C   10 G   				1000 (C)		\$720gc	0.3 %)	.a.(8.06) 		100		;=44,594) 1	3050	8 2 2 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
	entiatii Maka kareliina	94,46783	<u> </u>	L	A Secretary			- 9EU 11 (367 (367	on all Adequate	Ļ	<u> </u>	ediantra ristalistica	V•de / Ne de contos			
Date Of Electio (MM/DD/YYYY	Standard Commen	11/07/	2023	Year		2023	i	Amendi Report	ment			Termina Report	tion			
Summary of Re	ceipts and	From D	ate	Assid No. 15	To Dat	8					For	Office Use	Only			
Expenditures		06/1	0/2023	\$5,000 s	10	0/23/2023	Jackard		landari Tarakansa				Ö	2023	ing Sangara Depresión Augus Sangar	
A. Amount Bro	ught Forwa	rd From Last	Repor	t \$		0					Sea (1) (NOS).	1.18.1.41.4.19.64.50°	70.7		<u>-</u> 1 )	
B. Total Monet (From Schedule	Marie Control of the	utions and R	eceipts	\$		2858.52								. N	<b>)</b>	
C. Total Funds A	Available	a tradector		\$		2858.52										
D. Total Expend	litures			\$ 2777,17												
(From Schedule E. Ending Cash	Balance	A STATE OF THE SAME		\$ 81,36												
(Subtract Line I F. Value of In-K	ind Contrib		ved	\$ 132,00				e .								
(From Schedule G. Unpaid Debt	Section of the sectio	ations	one en	\$		•		<b></b>								
(From Schedule			same se			1000	·									
Part 1- If this is a	Committee r	eport, treasure	er sign h	ere. I <del>S</del> th	s i 🕉 Cai	O Affida		ndidata de	n here.							
I swear (or affirm)	that this rep	ort, including	the atta	iched ach	edides o	n paper, is t	o the l	est of my	knowled	ge and b	elief tı	rue, correct	and comple	te.	<del></del>	
Sworn to and sub	scribed befor	re me this	1.3	r, Pen	imiss omm	wealt geta t		laur	een	/9/].	4	oun	J)			
I swear (or affirm Sworn to and sub	li X	Wat	גדנו	nsylvar	ission	h of P	La	Si ureen M.	gnature Spring	of Perso	n Subm	nitting repoi	t	·····		
	Signature			nia A		Son,				Printe	d Nam	6				
My Commission e	xpīres	1-12-	200	onnsylvania son, Notan County County number 14 iia Associati				314 449.0782								
	МО	DAY	YR.	ciation	County Tes Decemb Jumber 1425	72	А	rea Code			Day	/time Telepi	none Numb	er		
Part II- If this is a I I swear (or affirm)					ee cano				lated are	nrovici	nne of	the Act of i	IDE 3 1027	(D) 101	33 NO 330/ ac	
amended.	ulat to the t	est of my kno	wieuge	and Department	lõ	S S	iii.lee i	ias not vio	lateu ali	pi ovisii	J113 OI 1	are Act of 30	iile 5, 1557	(F.L. 13)	55, NO.520, as	
Sworn to and sub	scribed þefor	e me this		u				Λ	·	<b>h</b> ~	<i>0</i> n		<b>\</b> "			
26 gay of	<u>Detok</u>	W 200	3	_ <u>&amp;</u>	<b>₹</b>	Com		17	$\mathcal{K}^{g}$		$\angle$	ess	<u> </u>			
Me	20	( WAG	20-	F appear	Commission expires	Commonwealth	Tra	acy A. Ga	st	ature of		date				
	'Signature / .	ሳ ^	ሳ ል።	و المراجع	issio	ealth	41	O		Printed	Name 533.9	099				
My Commission e	xpires MO.	DAY	<u>ソク</u> ク YR.	er, Pennsylvania As	Erie			rea Code	_			ime Teleph	one Numbe	<u> </u>		
				wania Asi	pires	of Penns	•••	<b></b>			J.	pri				
L				- SS	<del>}</del>	Z \$		· · · · ·								

### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

		to recent to the contract of t	 
Filer Identification Number	Friends to Elect Tracy A. Gast		 

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
Total for the reporting period	(1/	٦	155.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	61 A		
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	2703.52
Total for the reporting period	(2)	\$	2703.52
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, interest Earned, Returned Checks, ETC. (From Part E)	30 M. 372 Z		
Total for the reporting period	(4)	\$	0
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, Recover Page, Item B)	port	\$	2858.52

### 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	sui il Dof				
					Amount
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	1 8 S S
Committee					
House#	Street Address			Date [MM/DD/YYYY]	2
KO (2000) YA (2 KO (2000) YA (2					
City		State	Zip Code	Date [MM/DD/YYYY]	s.
			Service Services		13.50
Full Name of Con Committee	ntributing	<del></del>		Date [MM/DD/YYYY]	<b>S</b>
House #	Street Address			Date [MM/DD/YYYY]	\$
regas in Venil		· · · · · · · · · · · · · · · · · · ·			200
City	Logo	State	Zip Code	Date [MM/DD/YYYY]	5
Enil Ar-	The section of the se			From the second second second	12-2-10
Full Name of Con Committee	reriputing			Date [MM/DD/YYYY]	<b>*</b>
				Transition of them.	
House #	Street Address		<del>_</del>	Date [MM/DD/YYYY]	\$
		177.5	The largest case of the largest transfer to the largest transfer t		
City		State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
Full Name of Con	tributeta.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date [MM/DD/YYYY]	/ACC
Full Name of Con Committee	utug			- Date [MM/DD/YYYY]	5
House #	Street Address	<u></u>		Date [MM/DD/YYYY]	<b>S</b>
				<u> </u>	
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Con	tributing	to the second second	<ul> <li>Server Agent of Management (Control</li> </ul>	Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address		<del></del>	Date [MM/DD/YYYY]	<b>.</b>
	Aun ess			ter our programment of the state of the stat	1
City		State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
Full Name of Con	tributing	p. 1755 W.P. (1755)	era i ke seperi siga sejat engan tika	Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	<b>.</b>
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	7 <b>S</b>
80 (1880 N. 1880)		10000000000000000000000000000000000000	paragonal service (COA)	1	463/ JOST

## 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 Con				Date [MM/DD/YYYY]	\$	
	Tracy Gast					3
House#	Street Address				. 152	Ŷ.
12475		Lakeview Dr		Date [MM/DD/YYYY]	\$	v.
City.		State		6/18/23		203,52
Edinboro		PA	Zip Code 16412	Date [MIM/DD/YYYY]	\$	
Full Name of Cont	ributor	2.85毫式			3.7	
	William Pre	nevau		Date [MM/DD/YYYY]	\$	i
House #	Street Address			7/16/23		100.00
254	Street Address	Shady Grove Dr		Date [MM/DD/YYYY]	\$	
City/	A Company in A					1
East Amhe	rst ·	State NY	Zip Code	Date [MM/DD/YYYY]	\$	<u> </u>
	Wilder School		14051			
Full Name of Conti	15 Av 9/4			Date [MM/DD/YYYY]	\$	
WV - Track	Carl Calabre	<del>20</del> 50		7/16/23		100.00
House # 15	Street Address			Date [MM/DD/YYYY]	\$	
13		Forest Lake Rd			Ĭ.	
City		State	Zip Code	Date [MM/DD/YYYY]	2	
N. Tonawar	nda NY	NY	14120	Date [MM/DU/11/1]	\$	
Full Name of Contr	ibutor	我们的"我说。"				
	Ronald Chris	stopher		Date [MM/DD/YYYY]	\$	
louse#	Street Address			7/16/23		100.00
5485		MARTHAS VINEY	ARD	Date [MM/DD/YYYY]	\$	
ilty a					765 A	
CLARENCE	CENTER	State NY	Zip Code 14032	Date [MM/DD/YYYY]	\$	
ul Name of Contri	hutars	14 m 14 m	14002			
	Peter Vito			Date [MM/DD/YYYY]	\$	
A SP Mark a section				7/16/23	1	100.00
louse #   461	Street Address			Date [MM/DD/YYYY]	\$	
	[	inwood Ave, Buffa	alo, New York, 14209			
ity Buffalo		State	Zip Code	Date [MM/DD/YYYY]	_	
		NY	14209		3	
ull Name of Contri	\$7800 XI TEN			Date [MM/DD/YYYY]	-	والمراجعة والمراجعة والمراجعة
	Lawrence Ho	ffman III			5	100.00
ouse#	Street Address			7/16/23	***	- 1 - 2
638	(2) 网络克尔克斯克尼尔克斯 经 (2) ** 13 (3)	ighland Ave		Date [MM/DD/YYYY]	\$	
ty		Contract	20 1 20 1 20 1 20 1 20 1 20 1 20 1 20 1			
Buffalo		State NY	Zip Code 14223	Date [MM/DD/YYYY]	\$	
: 12 Mail 1		1855 200 1	14223		- 1	

### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Friends to Elect Tracy A. Gast
--------------------------------

Eril Nie	e of Contributor			Date [MM/DD/WW]	\$	
i un ivelli	John Schmidt			07/16/2023		100.00
House #	Street Address			i i	5	
	887 Par	kside Ave		The state of the second st		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
E	Buffalo	NY	14216			
Full Nam	e of Contributor			Date [MM/DD/YYYY]	5	
	Ken Czubja			07/16/2023		200.00
House #	Street Address	adama ale Assa		Date [MM/DD/YYYY]	Š	
	Tia	erbrook Ave	No. No. 1991 St. Provides and			
City 7	onawanda	State NY	<b>Zip</b> / <b>Code</b> 14150	Date [MM/DB//YYY]		
Full Nam	e of Contributor			Date (MM/DD/XYXX)	Ş.	
	Michael Torrillo			7/19/2023		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
	64 Dal	ewood Dr				
City	POST-POST-POST-POST-POST-POST-POST-POST-	State	Zip Code	Date [MM/DD/YYYY]	\$	
,	Amherst	NY	14228			
Full Nam	e of Contributor			Date [MM/DD/MYX)	\$	400.00
	Sam Palmeiere			07/19/2023		100.00
House #	Street Address 4716 Hick	kory Lane			\$	
	7110		Description of the second seco	07/19/2023		
City L	ewiston	State NY	<b>Zip Code</b> 14092	Date [MM/DD/YYYY]	Ċ	
Full Nam	e of Cantributor			Date [MM/DD/XXXX)	<b>Š</b>	
	John Askey			08/30/2023		200.00
House #	Street Address			Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
	284 Rar	nbling Road				
City E	ast Amherst	State NY	<b>Zip Code</b> 14051	unicontraction of commence of the contraction of th	\$	
790.442034-94425474	e of Contributor		本文學的 of 140% 如果的學術的		\$	
ELL.	William Zenoski	<del>э</del> у		09/28/2023		100,00
House #			· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
	5830 Parl	c Club Lane				
City V	Villfamsville	State NY	<b>Zip Code</b> 14051	Date [MM/DD/YYYY]	\$	
<b>可用的關係的關係</b>		TO BUT THE STATE OF THE STATE O	TWEEN THE PROPERTY OF THE PROP		物的	

# 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.)

Friends to Elect Tracy A. Gast	
2.14.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	

Full Name of Contributor			Date [MM/DD/Y/Y/]	\$	
Robert Evans			09/10/2023		200.00
House # 40014 Street Address No	rth Curie Ct		Date [MM/DD/XYYY]	S	
City Anthem	State AZ	<b>Z</b> ( <b>p</b> .Code, 85086	Date [MM/DD/XYYY]	\$	
Full Name of Contributor			*Date*(MM/DD/MYAY)	\$	
House # Street Address			Date (MM/DD/YYYY)	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
-Full-Name of Contributor:			Date [MM//DD//////	\$	
House # Street Address			Date [MM/DD/YYXY]	\$	
City	State	Zip Code	Date [MM/DD/XYYX)	S	
Full Name of Contributor			Date [MM/DD/AYAY)	S	
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor			Date [MM/DD/\\\)	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
OK)	State	Zip Code	Date [MM/DD/XYYY]	φ.	
Füll Name of Contributor			Date (MM/DD/YYYY)	s	
House # Street Address			Date [MM/DD/YYYY]	S	
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 Numbe	<b>,</b>				
Full Name of Contributing Committee	9			Date:[MM/DD/XXXV]	<b>S</b>
House #	street Address			Date (MM/DD/YYYY)	<b>\$</b>
City		/State	Zip Code	Date:[MM/DD/AYYY]	S.
917		and e	ziy cone		
Full Name of Contributing Committee	<b>a</b>			Date [MM/DD/YYYY]	r <b>S</b>
House #	treet Address			Date (MM/DD/MM)	\$
Gity		State	Zip Code	Date [MM/DD/XXXX]	<b>5</b>
Full Name of				Date:[MM/DD/YYY]	
Contributing Committee					
House #	treet Address			Date [MM/DD//////)	<b>5</b>
City		State	Zip Code	Date [MM/DD/XXXX]	<b>\$</b>
Full Name of Contributing Committee	<b>1</b>	Topics and address of the control of	Construction (Construction of Construction of	Date (MIM/DD/\\\\)	<b>\$</b>
House:#	treet Address			Date [MM/DD/XYYY]	<b>(\$</b>
City		State	WZIDJeofde@##	@Date (MM/OD/AWY)	
Full Name of Contributing Committee				Date (MIX/OD/AXXXX)	<b>`\$</b>
House #	treet Address			Date [MM/DD/YYYY]	\$
City.		State	Zip Code	Date (MM/DD/YYYY)	\$
Full Name of Contributing Committee				Date [MM//DD///////	5
House#	treet Address		**************************************	Date [MM/DD/YYYY]	<b>     </b>
City		State	Zip/Code	(Date [MM/DD/XYYY])	5

### 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:

	<u> </u>		
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] \$
	Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Malling Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
	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] \$
	Addréss		Date [MM/OD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Gecupation.
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 Num	ber:			
Full Name	40			
House #	Stre	et Address		The state of the s
City	1	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Loue	
Full Name				
House #	Stre	et Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	Stre	et Address		
City		State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description				
Full Name				
	Stre	et Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[2688.2876.69]	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	
Full Name		Notes and the second se		
House # City	200	et Address State	7.6	Datë [MM/DD/YYYY] \$
			Code	Jake (MA/DD/) (1)
Receipt Description		N. S.	The second decision of	
City City	Stree	et Address State	ZIP	Date [MM/DD/YYYY]   \$
Receipt Description			Code	
wereike nesoribriori				

### 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/ Friend	to Elect Tracy A. Gast		-
		NOWAS IT	
1. UNITEMIZED IN-KIND CONTI	RIBUTIONS RECEIVED-VALUE OF \$5	).00 C	R LESS-PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50,01 TO \$250.	00 (FI	ROM PART:F)
TOTAL for the reporting period	(2)	\$	132.00
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER:\$250,00 (FROM	/ PAR	TiG)
TOTAL for the reporting period	(3)	\$	132.00
TOTAL VALUE OF IN-KIND CONTRIBUT	IONS OF IDING THIS DEDODTING	T è	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; also enter	,	132.00

### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number: Friends to Elect Tracy A. Gast	 ··· ,		, <u>',</u>
在1990年(1990年)第1990年(1990年)(1990年)(1990年)(1990年)			

Full Name of Contributor		·	Date [MM/DD/YYYY] \$	400.00
	Robert Evans		10/01/2023	132.00
House # 40014	Address Curie Ct	15/2 - -	Date [MM/DD/YYYY] \$	
<b>City</b> Anthem	State AZ	<b>Zip Code</b> 85086	Date [MM/DD/YYYY] 5	
Description of Contribution	Ran News Paper Ad	in West County News Journal		
Full Name of Contributor		Ě	Date [MM/DD/YYYY] \$	
House # Street	Address	(2) and (1) an	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor		π	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	\$ 1 d d d d d d d d d d d d d d d d d d	Date [MM/DD/YYYY] \$	
City		Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	Address	,	Date [MM/DD/YYYY] \$	
Glty	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				

# SCHEDULE II Part G

# In-Kind Contributions Received

**VALUE OVER \$250** 

A TORON TORO	
FIRE CONTROL OF STATE	
CAN THE DESCRIPTION OF THE SECOND PROPERTY OF	

	5-12-20-00-00-00-00-00-00-00-00-00-00-00-00			
Full Name of Contrib	Attor			Date [MM/DD/YYYY] \$
Höuse #	Street Address		***************************************	Date [MM/DD/WYYY] \$
City	ESTA STORY DE MANAGEMENT DE LA COMPANSA DE LA COMPA	State	Zip Code:	Date [MM/DD/YYYY] \$
Employer Name		STORY SECTION	SCOTT SCOTT STATE OF SCOTT	Occupation
Employer Mailing Ad Place of Business		Milk de la company		Description of Contribution
Full Name of Contrib				Date [MIV/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Tooling to the second s	State	Zip Code	Date [MIM/DD/MYYY] \$
Employer Name			S. C.	Occupation
Employer Mailing Ad Place of Business	dress / Principal	and the state of t		Description of Contribution
Full Name of Contribu	utor	<del></del>		Date [MM/DD/XYYY] S
			1	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name			1	Occupation
Employer Mailing Add Place of Business				Description of Contribution
Full Name of Contribu				Date:[MIXI/DD/YYYY/] .\$
	Street Address		have .	Date [MM/DD/YYYY] \$
City  Employer Name		State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name  Employer Mailing Add			SC S	Occupation
employer Majling Add Place of Business	ress/ Principal		(4)	Description of Contribution

# SCHEDULE III Statement of Expenditures

Filer Identification Number:				

To Whom Paid				Date (MM/DD/AVXV)	\$	
	Erie County Elections	S 		4/14/23	Disk in	10.00
House #	Street Address		Primero controlos	Description of Expend	iture	e de la companya de
Erie		State	Zip Code	Walking List		-
To Whom Paid	Ross Notary			Date [MM/DD/YYYY] 6/14/23	\$	8.00
House # 2670	Street Address W	12th	·	Description of Expendi	ture	
Erie		State PA	Zip Gode 16505	Notary		
To Whom Pald	WIX.COM			Pate [MM/DD/YYYY] 6/18/23	\$	203.52
House #	Street Address On	Line		Description of Expendi	ture	
City		State	Zip Code	WEB Site hosting		
To Whom Paid	Vista Print			Date [MM/DD/YYYY] 6/21/23	\$	126.12
House #	Street Address On	Line		Description of Expendi	ture	
Gity		State	Zip Code	Banner and Business Ca	rds	
To Whom Paid	Piper Press			Date [MM/DD/YYYY] 6/26/23	\$	41.34
<b>House #</b> 406	Street Address Sco	tland ROad		Description of Expendi	ture	
<b>City</b> Edinboro		State PA	Zip Code 16444	Banner		
To Whom Paid	Benjamins Buttons U	SA		Date [MM/DD/YYYY] 7/20/23	\$	79.50
House # 2290	Street Address Ang	ling Rd		Description of Expendi	ture	
<b>City</b> Edinboro		State PA	Zip Code 16412	Campaign Buttons		
To Whom Paid	WIX.Com			Date [MM/DD/YYYY] 7/20,23	\$	29.25
House #	Street Address On	Line	, , , , , , , , , , , , , , , , , , , ,	Description of Expendi	ture	
city		State	Zip Code	Processing Fees	-	
	Erie County B.O.E.			Date [MM/DD/YYYY] // 7/28/23	\$	50.00
House #	Street Address			Description of Expendi	ture	
City		State	Zip Code	Filing Fees		

# Statement of Expenditures

Filer Identification Number:	
Friend to Elect Tracy A. Gast	

To Whom Paid						Date [MM/DD/YYYY]	.   \$	7/A
	Oreintal Trading C	o.				09/28/23		57.47
House #	Street/Address (	Online		P. See Control of the Control		Description of Expen	diture	
City		State		Zip Code		Material for Parade		
To Whom Paid	Sam's Club					Date [MM/DD/YYYY]	\$	69.50
House #	Street Address					09/28/23  Description of Expen	112	
100se w	Street Address	Erie Store				Description of expen	Jiture	
City Erie		State PA		Žip Code		Candy to throw during p	parade	
To Whom Paid	Walmart					Date [MM/DD/YYYY)	\$	18.90
House #		<del></del>	· · · · · · · · · · · · · · · · · · ·		, ,	09/22/23  Description of Expens	lleura	
108	Street Address V	Vashington Blvd				Description of Experi	liuie	
<b>City</b> Edinboro		State PA		Zip Code 164	12	Csmpagin Shirts		
To Whom Paid	Smart Shopper					Date [MM/DD/YYYY]	\$	670.40
						08/29/23		678.40
House # 309	Street Address	Shelhamer Circle				Description of Expend	liture	
City Edinboro		State PA		Zip Code 164	12	Yard Signs		
To Whom Paid	Boro Pack and Shi	Þ				Date (MM/DD/YYYY) 06/23/23	<b>, \$</b>	5.00
House # 208	Street Address	Aill Street		,		Description of Expend	diture	4
<b>City</b> Edinboro		State PA		Zip Code 164	12	Notary Service		
To Whom Paid	10-1-D-1-1	10000000000000				Date [MM/DD/YYYY)	\$	77
	Vista Print					06/23/23		79.48
House #	Street Address	Online				Description of Expend	ilture	
City		State		Zip Code		Banner for Float		
To Whom Paid	Piper Press					Date [MM/DD/YYYY]	\$	234.48
					·	08/26/2023	Jea.	
House # 406	Street Address	Scotland Road		horain the orange activists		Description of Expen	ature	
<b>City</b> Edinbobo		State PA		Zip Code 164	12	1000 Palm Cards		
To Whom Paid	Amazon					Date [MM/DD/YYYY] 09/.20/23	<u></u> \$	59.53
House #	Street Address	Online				Description of Expend	liture	
City.	1 STATE ASSESSMENT OF THE STATE	State		Zip Code		Campaign Shirts		en er en grann de en general komment is en en beskelingen et societatiet.

# Statement of Expenditures

Filer Identification Number:		· · · ·			
	Friend to Elect Tracy A. Gast				

To Whom Paid	I				Date [MM/DD/YYYY	] <sub>=</sub>   \$	450.40
	lmart				09/20/2023		169.43
House # 108 St	reet Address Washington	Blvd			Description of Expe	nditure	
City Edinboro	State	PA	Zip Code 16412	2 V	inyl for Parade Shirts		
To Whom Paid	Zarli, S. Sales	ă .		<u> </u>	Date (MM/DD/YYYY	i e s	*
I	ctor Supply			<u>Le</u>	10/17/2023		132,28
House # 750 St	reet Address Farmstead [	Orive	• ,		Description of Expen	diture	1
<b>City</b> Edinboro	State	PA	Zip Code 16412	2 F	Post and Wireties for 4	x8 sign	5
To Whom Paid				<i>in</i> 20	Date [MM/DD/YYYY	]   \$	45.00
PN					09/01/2023		15.00
	eet Address National Ban	k			Description of Expen	diture	
City	State		Zip Code	E	ank Fees	•	
To Whom Paid	art Shopper	<u> </u>			Date [MM/DD/YYYY	] <b> </b> \$	COO FO
					10/17/2023		680.52
309	eet Address Shelhamer C	Circle			Description of Expen	diture	
Edinboro	State	PA	Zip Code 16412	. 4	x8 Yard Signs		
and the state of t							
	C Bank				Date [MM/DD/YYYY 10/01/2023	l S	12.00
House# Str	C Bank eet Address National Ban	k			23.20.00		12.00
PNO	eet Address	k	Zip Code		10/01/2023		12.00
House# Str	eet Address National Ban	k		В	10/01/2023 Description of Expen	diture	12.00
House# Str City To Whom: Paid	eet Address National Ban	k		B	10/01/2023 Description of Expen ank Fees	diture	12.00
House# Str City To Whom Paid House# Str	eet Address National Ban	k		B	10/01/2023 Description of Expen ank Fees Date [MM/DD/YYYY	diture	12.00
House# Str City To Whom: Paid	eet Address National Ban State  eet Address	k	Code Zip	В	10/01/2023 Description of Expen ank Fees Date [MM/DD/YYYY	ditu/e	12.00
House # Str  City  To Whom Paid  City  City  To Whom Paid	eet Address National Ban State  eet Address	k	Code Zip	B	10/01/2023 Description of Expen ank Fees Date [MM/DD/YYYY Description of Expen	diture	12.00
House # Str  City  To Whom Paid  City  City  To Whom Paid	eet Address National Ban State  eet Address State	k	Code Zip	B	10/01/2023 Description of Expen ank Fees Date [MM/DD/YYYY Description of Expen Date [MM/DD/YYYY Description of Expen	diture	12.00
House# Str City  To Whom Paid  House# Str City  To Whom Paid  Str City  City  City  City  City	reet Address   National Ban   State	k	Zip Code	B	10/01/2023 Description of Expen ank Fees Date [MM/DD/YYYY Description of Expen Date [MM/DD/YYYY Description of Expen	diture	12.00
House # Str  City  To Whom Paid  City  To Whom Paid  House # Str  City  To Whom Paid	reet Address   National Ban   State	k	Zip Code	B	10/01/2023 Description of Expen ank Fees Date [MM/DD/YYYY Description of Expen Date [MM/DD/YYYY	diture	12.00

# SCHEDULE III Statement of Expenditures

COMMERCIAL DATE OF THE PROPERTY OF THE PROPERT	<del></del>	 <u> </u>	
Filer Identification Number: Friends	· ·		
	G BL 47 4 A.O.		
rienas :	(O Elect Tracy A. Gast		
[20] · [			

To Whom Paid	Sraples			Date (MM/DD/YYYY) \$
				06/17/2023
House # 1924	Street Address	Keystone Drive		Description of Expenditure
City Erie		State PA	Zip Code 16509	Office Supplies
To Whom Paid				Date [MM/DD/YYYY] \$
House:#	Street Address			Description of Expenditure
City		The second	(A.2.)***********************************	
		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] 5
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/XXXX] S
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pald				Date [MM/DD/YYYY] S
House#	Street Address			Description of Expenditure
(dity		State	Zip Code	
To Whom Pald				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
Gity		State	Zíp 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; Frien	ids to Elect Tracy A. Gast	

Name of	Creditor		Tracy A. Gast	Outstanding Balance of Debt
House #	12475	Stre	Et Address  Lakeview  10/22/2023	<b>\$</b>
City			Edinboro State PA Zip.	1000,00
Descripti	on of Debt		Loan to Campaign	
Name of	Creditor			Outstanding Balance of Debt
House #		Strei	et Address DATE DEBT INCURRED [MM/DD/YYYY]	<b>5</b>
City			State Zip Code	
	on of Debt			[Section 1]
Name of	Creditor		Marketing to the second	Outstanding Balance of Debt
House #			DATE DEBT INCURRED. [MM/DD/YYYY]	
City	<u> </u>		State Zip Code	
Descripti	on of Debt		[15]安全是被印象的第三章 计设计 [15] [15] [15] [15] [15] [15] [15] [15]	12/88/6/4
Name of	Creditor			Outstanding Balance of Debt
House #		Stree	et Address DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City			State /Zip.	
Description	on of Debt		I Beauty and the second	[ASS-48-3]
Name of	Creditor			Outstanding Balance of Debt
House.#			at Address PATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City			State Zip Code	
Description	on of Debt			Degrand .
Name of	Creditor			Outstanding Balance of Debt
House #		Stree	t Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State Zip	
Description	on of Debt		Code	