

Commonwealth of Pennsylvania - Campaign Finance Report

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

| | | | | | | | | |
|---|------------|--------------------------|-----------|--------------------------|-----------|-------------------------------------|----------|--------------------------|
| Filer Identification Number | 92-2947775 | Report Filed By (Mark X) | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | Friends of Armand Rocco | | | | | | |
| Street Address | | 2307 Greengarden Road | | | | | | |
| City | Erie | State | PA | Zip Code | 16502 | | | |

| | | | | | | | | | |
|--|---------------------------------------|--------------------------|--|---|--------------------------|--------------------------|---|------------------------------|--------------------------|
| Type of Report (Place x under report type) | | | | | | | | | |
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre- Election | 5- 2 nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Date Of Election (MM/DD/YYYY) | | 11-7-23 | | Year | | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|--|------------|----------------------|--|
| | 06/06/2023 | 10/23/2023 <i>HR</i> | <p>2023 OCT 30 PM 12:22</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p> |
| A. Amount Brought Forward From Last Report | \$ | 1930.97 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 631.24 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 2562.21 | |
| D. Total Expenditures (From Schedule III) | \$ | 1297.55 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 1264.66 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0 | |

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on file, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

30 day of October 20 23

Sue Sheffield

Signature

My Commission expires 12-02-26

MO. DAY YR.

Linda Rocco

Signature of Person Submitting report

Linda Rocco

Printed Name

814 240-8774

Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate 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

30 day of October 20 23

Sue Sheffield

Signature

My Commission expires 12-02-26

MO. DAY YR.

Armand F Rocco Jr

Signature of Candidate

Armand F Rocco Jr

Printed Name

814 881-1250

Area Code Daytime Telephone Number

Notary Seal
 Commonwealth of Pennsylvania - Notary Public
 Sue Sheffield, Notary Public
 Erie County
 My commission expires December 2, 2026
 Commission number 1424446
 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

| | |
|------------------------------------|------------|
| Filer Identification Number | 92-2947775 |
|------------------------------------|------------|

| | | |
|---|-----|-----------|
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | |
| Total for the reporting period | (1) | \$ 50.00 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | | \$ |
| All Other Contributions (Part B) | | \$ 581.24 |
| Total for the reporting period | (2) | \$ |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | | \$ |
| All Other Contributions (Part D) | | \$ |
| Total for the reporting period | (3) | \$ |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period | (4) | \$ |
| Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> | | \$ |

PART 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: | 92-2947775 |
|------------------------------|------------|

| | | | | | | |
|--------------------------|--|-----------------------------|--|-------------------|----|--------|
| Full Name of Contributor | | Cash/Rum Runner Fund Raiser | | Date [MM/DD/YYYY] | \$ | 260.00 |
| | | | | 06/08/2023 | | |
| House # | | Street Address | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | |
| City | | State | | Zip Code | | |
| | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | |
| Full Name of Contributor | | Armand Rocco Jr | | Date [MM/DD/YYYY] | \$ | 52.39 |
| | | | | 10/25/2023 | | |
| House # | | Street Address | | Date [MM/DD/YYYY] | \$ | 268.85 |
| | | | | 10/25/2023 | | |
| 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] | \$ | |
| | | | | | | |

SCHEDULE III
Statement of Expenditures

| | |
|------------------------------|------------|
| Filer Identification Number: | 92-2947775 |
|------------------------------|------------|

| | | | | | | | | |
|--------------|--|---------------------------|--|----------|--|------------------------------|----|--------|
| To Whom Paid | | Rum Runners | | | | Date [MM/DD/YYYY] | \$ | 595.40 |
| | | | | | | 06/08/2023 | | |
| House # | | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | Fund Raiser | | |
| To Whom Paid | | Ugly Tuna | | | | Date [MM/DD/YYYY] | \$ | 49.00 |
| | | | | | | 06/15/2023 | | |
| House # | | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | Campaign Committee Meeting | | |
| To Whom Paid | | Buffalo Wild Wings | | | | Date [MM/DD/YYYY] | \$ | 30.00 |
| | | | | | | 06/17/2023 | | |
| House # | | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | Meeting w/Campaign Treasurer | | |
| To Whom Paid | | Get Go | | | | Date [MM/DD/YYYY] | \$ | 71.47 |
| | | | | | | 07/07/2023 | | |
| House # | | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | Gas-Harrisburg Meeting | | |
| To Whom Paid | | Harrell Automotive | | | | Date [MM/DD/YYYY] | \$ | 52.39 |
| | | | | | | 07/26/2023 | | |
| House # | | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | Used wrong card | | |
| To Whom Paid | | 12th Street Beer | | | | Date [MM/DD/YYYY] | \$ | 46.00 |
| | | | | | | 08/04/2023 | | |
| House # | | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | Campaign Meeting/Fundraiser | | |
| To Whom Paid | | Wine and Spirits | | | | Date [MM/DD/YYYY] | \$ | 52.98 |
| | | | | | | 08/06/2023 | | |
| House # | | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | Campaign Meeting/Fundraiser | | |
| To Whom Paid | | Erie Community Foundation | | | | Date [MM/DD/YYYY] | \$ | 26.46 |
| | | | | | | 08/09/2023 | | |
| House # | | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | Comm. Foundation Donation | | |

SCHEDULE III
Statement of Expenditures

| | |
|-------------------------------------|------------|
| Filer Identification Number: | 92-2947775 |
|-------------------------------------|------------|

| | | | | |
|---------------------|-----------------------|-----------------------------------|---------------------------|--------|
| To Whom Paid | ATM Withdrawl | Date [MM/DD/YYYY] | \$ | 60.00 |
| | 09/03/2023 | | | |
| House # | Street Address | Description of Expenditure | | |
| City | State | Zip Code | Campaign Meeting (Drinks) | |
| To Whom Paid | Papa John's | Date [MM/DD/YYYY] | \$ | 45.00 |
| | | 09/03/2023 | | |
| House # | Street Address | Description of Expenditure | | |
| City | State | Zip Code | Campaign Meeting (Food) | |
| To Whom Paid | Penelec/First Energy | Date [MM/DD/YYYY] | \$ | 268.85 |
| | | 10/03/2023 | | |
| House # | Street Address | Description of Expenditure | | |
| City | State | Zip Code | Wrong Card Used Online | |
| To Whom Paid | | Date [MM/DD/YYYY] | \$ | |
| | | | | |
| House # | Street Address | Description of Expenditure | | |
| City | State | Zip Code | | |
| To Whom Paid | | Date [MM/DD/YYYY] | \$ | |
| | | | | |
| House # | Street Address | Description of Expenditure | | |
| City | State | Zip Code | | |
| To Whom Paid | | Date [MM/DD/YYYY] | \$ | |
| | | | | |
| House # | Street Address | Description of Expenditure | | |
| City | State | Zip Code | | |
| To Whom Paid | | Date [MM/DD/YYYY] | \$ | |
| | | | | |
| House # | Street Address | Description of Expenditure | | |
| City | State | Zip Code | | |