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

|                                    |                        |              | 1.0           |            | _                       | -   |                              |                              | cicai ai              | _   |              |          |          |              |          |          |   | T                                      |         | 1—       |
|------------------------------------|------------------------|--------------|---------------|------------|-------------------------|---|------------------------------|------------------------------|-----------------------|---|--------------|----------|----------|--------------|----------|----------|---|--|---------|----------|
| Filer Identificati                 | on                     | 92           | -2947775      |            |                         |   | iled B                       | Ву                           | Candio                | late  |              |          | Com      | mittee       | !        |          |   | Lobb                                   | yist    |          |
| Number                             |                        |              |               |            | ( M                     | ark X                                     | )                            |                              |                       |   |              |          |          |              |          |          |   |  | -       |          |
| Name of Filing (<br>Lobbyist       | Committee              | e, Cai       | ndidate o     | r          | Friends of Armand Rocco |   |                              |                              |                       |   |              |          |          |              |          |          |   |  |         |          |
| Street Address                     |                        |              | -             |            | 220                     | 7.0                                       |                              | rde = "                      | Dood                  |   |              |          |          |              |          |          |   |  |         |          |
|                                    |                        |              | •             |            | 230                     | / Gre                                     | enga                         | rden F                       |                       |   |              |          | T        |              | _        |          |   |  |         |          |
| City                               | Erie                   | )            |               |            |                         |   |                              |                              | State                 | PA  |              |          | Zip C    | ode          | 165      | 02       |   |  |         |          |
| Type of Report (                   | Place x un             | der r        | eport typ     | e)         |                         |   |                              |                              |                       |   |              |          |          |              |          |          |   |  |         |          |
| 1-6 <sup>th</sup> Tuesday          | 2- 2 <sup>nd</sup> Fri | idav         | 3- 30 Da      | v Post     | 4- 6t                   | hTue:                                     | sday                         | 5- 2 <sup>1</sup>            | <sup>id</sup> Friday  | 6-3   | 30 Da        | y Post   | 7- Ar    | nual         | Spe      | ecial 2  | <sup>nd</sup> Friday  | Spec                                   | ial 30  | Day      |
| Pre-Primary                        | Pre-Prim               | -            | Primary       | -          |                         | Elect                                     |                              | I -                          | Electio               |   | ction        | 1        |          |              | Pre      | -Elect   | tion  | Post                                   | -Electi | on       |
|                                    |                        |              |               |            |                         |   |                              |                              | X                     |   |              |          |          |              |          |          |   |  |         |          |
| Date Of Election                   | )                      |              |               |            | Yea                     | r   |                              |                              |                       | An  | endi         | ment     |          | 7            | Ter      | mina     | tion  |  |         |          |
| (MM/DD/YYYY)                       |                        | •            | 11-7          | 1- 22      | -                       |   |                              |                              |                       | Re  | port         |          |          |              | Rej      | ort      |   |  |         |          |
|                                    |                        |              |               |            | <u> </u>                | 1 =                                       |                              | <u> </u>                     |                       | <u> </u>  | •            |          |          |              | 0.00     |          | 0   |  |         |          |
| Summary of Rec                     | ceipts and             |              | From D        | ate        |                         | To  | Date                         | 2                            |                       |   |              |          |          | For          | Offic    | e Use    | Only  |  |         |          |
| Expenditures                       |                        |              | ne/n          | 6/2023     |                         | -   | 10                           | 123120                       | 023 J.B               |   |              |          |          |              |          |          |   |  |         |          |
| A. Amount Brou                     | abt Com.               | ے لیں        |               |            |                         | <u>e</u>                                  | 10.                          | · <del></del>                | /EU ,                 | -   |              |          |          |              |          |          |   |  |         |          |
|                                    | <u> </u>               |              |               | -          |                         | \$  | 1                            | 1930.9                       | 97                    | _   |              |          | ٠        |              |          |          | <   | -                                      |         |          |
| B. Total Moneta                    | -                      | outio        | ns and Re     | eceipts    | •                       | \$  |                              | 631.2                        | 4                     |   |              |          |          |              |          |          |   | 7073 OCT                               |         |          |
| (From Schedule<br>C. Total Funds A | _                      | ··· <b>-</b> |               |            |                         | ċ   |                              |                              |                       | -   |              |          |          |              |          |          |   | 8                                      |         |          |
| (Sum of Lines A                    |                        |              |               |            |                         | \$  | 2                            | 2562.2                       | 21                    |   |              |          |          |              |          |          |   |  |         |          |
| D. Total Expend                    |                        |              |               |            | •                       | \$  |                              |                              |                       | -   |              |          |          |              |          |          | F 5 1 5 1 3   | 30                                     |         |          |
| (From Schedule                     |                        |              |               |            |                         | اد  | 1                            | 1297.                        | 55                    |   |              |          |          |              |          |          |   |  |         |          |
| E. Ending Cash B                   |                        |              |               |            |                         | \$  |                              |                              |                       | -   |              |          |          |              |          |          | Company of | 7                                      |         |          |
| (Subtract Line D                   |                        | e C)         |               |            |                         | 7   | •                            | 1264.6                       | 66                    |   |              |          |          |              |          |          | The same  | PM 12:                                 |         |          |
| F. Value of In-Ki                  |                        |              | ns Receiv     | ved        |                         | \$  |                              |                              |                       | 1   |              |          |          |              |          |          |   | \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\. |         |          |
| (From Schedule                     |                        |              |               |            |                         | 0   |                              |                              |                       |   |              |          |          |              |          | ()<br>   | 2   |  |         |          |
| G. Unpaid Debts                    | -                      | gatio        | ns            |            |                         | \$  |                              |                              |                       | 1   |              |          |          |              |          |          |   |  |         |          |
| (From Schedule                     |                        | _            |               |            |                         |   |                              | <u>_</u>                     | -                     |   |              |          |          |              |          |          |   |  |         |          |
|                                    |                        |              |               |            | <u> </u>                |   |                              | 18                           | \ffida <b>\f</b> t \$ | ection  |              |          |          |              |          |          |   |  |         |          |
| Part 1- If this is a C             | ommittee               | repor        | t, treasure   | r sign h   | ere. If                 | this is                                   | a Car                        | ndigiat                      | e report,             | da did  | ate sig      | gn here. |          |              |          |          |   |  |         |          |
| I swear (or affirm)                |                        |              |               | the atta   | ched                    | sched                                     | ules or                      | 商品                           | ir, is % 🛠            |   | of my        | knowled  | ige and  | belief '     | true, c  | orrect   | and comple  | ete.                                   |         |          |
| Sworn to and subs                  |                        |              |               |            |                         |   | 1                            | Sylvania - N<br>Votary Publi | December              | 5<br>5 4  | 9            | ^        | 一分)      |              |          |          |   |  |         |          |
| 30 day of                          | Octob                  | er           | 20            | 23         |                         | •   | 1/                           | £ 5                          | 2 8 - 1<br>8 - 4      |   | ma           | w        | 15/      | rce          | رس       |          |   |  |         |          |
|                                    |                        |              |               |            | _                       |   | +1/2                         | S S                          | S Dec                 |   | Si           | ignature | of Pers  | on Sub       | mitting  | repoi    | rt  |  |         |          |
|                                    | Signatural D           | jru          | ec-           |            | _                       |   | Πå                           | effield, N<br>Erie Co.       | 불                     | Linda   | Kocc         | 0        | Drine    | ed Nar       | ne ne    |          |   |  |         |          |
|                                    | orginature.            | <b>a</b> .   |               | ٥          |                         |   | aith of Pos                  | heffield,<br>Erie C.         | e de                  |   |              |          | 511111   |              |          |          |   |  |         |          |
| My Commission ex                   | xpires/                | <u> </u>     | )2-2          | (v         | _                       |   | 170                          | 5                            | S 8 8                 | Signature of Person Submitting report Linda Rocco  Printed Name  814  240-8774  Area Code  Daytime Telephone Number |              |          |          |              |          |          |   |  |         |          |
|                                    | M                      | 0.           | DAY           | YR.        |                         |   | E G                          | o l                          | ommission expires I   | Area (  | Code         |          |          | Da           | ytime    | Telep    | hone Numb   | er                                     |         |          |
| Part II- If this is a r            | eport of a C           | Candio       | date's Aut    | horized    | Comr                    | nittee                                    | , dand                       | lidate                       | Migh folia            | nere.   |              |          |          |              |          |          |   |  |         |          |
| I swear (or affirm)                | that to the            | best         | of my kno     | wledge     | and b                   | elief tl                                  |                              | litica                       | xom (Signe            | e has n   | ot vio       | lated an | y provis | ions of      | the A    | ct of Ju | ine 3, 1937   | (P.L. 13                               | 33, NO  | .320) as |
| amended.                           |                        |              |               |            |                         |   | Not                          | <u></u>                      | 2 P<br>8 S            |   |              |          |          |              |          | 7        |   |  |         |          |
| Sworn to and subs                  | عما لممانين            | NO 100       | o thic        |            |                         |   | - 0                          | 4                            | 45                    |   |              |          | ~,       | <del>,</del> | /-       |          |   |  |         |          |
|                                    |                        |              |               |            |                         |   | E 2                          |                              | 4 월                   |   |              | //       | 11       | _/           | <u>_</u> | 2/       |   |  |         |          |
| 30 day of                          | Octob                  | Xer          | 20 <u>_</u> 6 | <u> 13</u> |                         | •   | msylvanie<br>Notary          | ا جُ مُ                      | 8 8 /                 |   |              | 1/1      |          | _            |          | 2/       |   |  |         |          |
| <u> </u>                           | < 100 ·                | i            | al A =        |            |                         |   | 183                          | ပ္သန္                        | I Asi                 | _   |              | _        | nature d | of Cand      | lidate   |          |   |  |         |          |
| Signature V                        |                        |              | _             | i          | Sue Sheffield           | Frie County Y commission expires December | er, Pennsylvania Association | Arman                        | <u>id F F</u>         | Rocco J   | r<br>Printed | l Name   | •        |              |          |          |   |  |         |          |
|                                    | i i                    | 2-1          | 72-2          | 60         |                         | 1   | 報告                           | Sio.                         | NS ISS                | 814   |              |          |          | 881          | -1250    |          |   |  |         |          |
| My Commission e                    |                        | · (          | DAY           | Vn.        |                         | - 1                                       | žve<br>Šve                   | aje.                         |                       | Area (  |              | _        |          |              |          | Falash   | one Numbe   |  |         |          |
|                                    | МО                     | •            | DAY           | YR.        |                         | - 1                                       | Ĕ",                          | Ē                            | ۲ <b>اور</b>          | Area (  | -oue         |          |          | υd           | y citile | eichii   | OUE MAILING   | -1                                     |         |          |
|                                    |                        |              |               |            |                         | Į   | E<br>5                       | <u>ح</u>                     | Ē                     |   |              |          |          |              |          |          |   |  |         |          |

### SCHEDULE I

### **Contributions and Receipts**

**Detailed Summary Page** 

| Filer Identification | ı Number |               |  |  |
|----------------------|----------|---------------|--|--|
|                      |          | 92-2947775    |  |  |
|                      |          | 02 20 11 11 0 |  |  |
|                      |          |               |  |  |

| 1.Unitermized 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)   | Ş      | \$ |        |
| All Other Contributions (Part B)  | Ş      | \$ | 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)   | ç      | \$ |        |
| 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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Repor Cover Page, Item B) | Ι.     | \$ |        |

#### 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 | • | <br> |  |
|------------------------------|------------|---|------|--|

| Full Name of Contributor        |                       | Date [MM/DD/YYYY] \$   | <u> </u> |
|---------------------------------|-----------------------|--|----------|
|                                 | um Runner Fund Raiser | 0.00 to 100.000 per 100.000 pe | 60.00    |
| House # Street Addr             | ess                   | Date [MM/DD/YYYY] \$   |          |
| City                            | State Zip Code        | Date [MM/DD/YYYY] \$   |          |
| Full Name of Contributor Armand | Rocco Jr              | Date [MM/DD/YYYY] \$ 10/25/2023 5  | 2.39     |
| House # Street Addr             |                       | Date [MM/DD/YYYY] . \$ 10/25/2023 2  | 68.85    |
| City                            | State Zip Code        | Date [MM/DD/YYYY] \$   |          |
| Füll Name of Contributor        |                       | Date [MM/DD/YYYY] \$   |          |
| House # Street Addr             | ëss                   | Date [MM/DD/YYYY] \$   |          |
| Gify.                           | State Zip Code        | Date [MM/DD/YYYY] \$   |          |
| Full Name of Contributor        |                       | Date [MM/DD/YYYY] \$   |          |
| House # Street Addr             | ess                   | Date [MM/DD/YYYY] \$   |          |
| City                            | State Zip Code        | Date [MM/DD/YYYY] \$   |          |
| Full Name of Contributor        |                       | Date [MM/DD/YYYY] \$   |          |
| House # Street Addr             | èss                   | Date [MM/DD/YYYY] \$   |          |
| City                            | State Zip Code        | Date [MM/DD/YYYY] \$   |          |
| Füll Name of Contributor        |                       | Date [MM/DD/YYYY] \$   |          |
| House # Street Addre            | ess .                 | Date [MM/DD/YYYY] \$   |          |
| City                            | State Zip Code        | Date [MM/DD/YYYY] \$   |          |

# Statement of Expenditures

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

| To Whom Paid   | Rum Runners  |             |  | Date [MM/DD/YYYY]   \$   595.40   |
|--|--|-------------|--|---|
| House #  | Street Address   |             |  | 06/08/2023 093.40  Description of Expenditure   |
|  | Jucer Addiess  | · · · · · · |  |   |
| City   |  | State       | Zip<br>Code                              | Fund Raiser   |
| To Whom Paid   | Ugly Tuna  |             |  | Date [MM/DD/YYYY] \$ 49.00  |
| House #  | Street Address   |             |  | Description of Expenditure  |
| City   | -<br>-   | State       | Zip<br>Code                              | Campaign Committee Meeting  |
| To Whom Paid   | Buffalo Wild Wings   |             |  | Date [MM/DD/YYYY] \$ 30.00  |
| House #  | Street Address   |             |  | Description of Expenditure  |
| City   | Carriera paragrapa a Carriera  | State       | Zip<br>Code                              | Meeting w/Campaign Treasurer  |
| To Whom Paid   | Get Go   |             |  | Date [MM/DD/YYYY] \$ 71.47  |
| House #  | Street Address   |             |  | Description of Expenditure  |
| City   |  | State       | Zip<br>Code                              | Gas-Harrisburg Meeting  |
|  |  |             |  |   |
| To Whom Paid   | Harrell Automotive   |             |  | Date [MM/DD/YYYY] 5<br>07/26/2023 52.39   |
| House #  | Harrell Automotive Street Address  |             |  | 52 30   |
|  |  | State       | Zip<br>(Code                             | 07/26/2023 52.39  /Description of Expenditure  Used wrong card  |
| House #  |  |             | 10 a 70 feet ( Ye 1 a 70 second 5 c. o.) | 07/26/2023 52.39  Description of Expenditure  Used wrong card  Date [MM/DD/YYYY] \$ 46.00   |
| House #  City  To Whom Paid  House #                         | Street Address   |             | Code                                     | 07/26/2023 52.39  Description of Expenditure  Used wrong card  Date [MM/DD/YYYY] \$ 46.00   |
| House #  City  To Whom Paid  House #  City                   | Street Address  12th Street Beer   |             | 10 a 70 feet ( Ye 1 a 70 second 5 c. o.) | 07/26/2023  Description of Expenditure  Used wrong card  Date [MM/DD/YYYY] \$ 46.00  Description of Expenditure  Campaign Meeting/Fundraiser  |
| House #  City  To Whom Paid  House #                         | Street Address  12th Street Beer   | State       | Code                                     | 07/26/2023 52.39  Description of Expenditure  Used wrong card  Date [MM/DD/YYYY] \$ 46.00  Description of Expenditure   |
| House #  City  To Whom Paid  House #  City                   | Street Address  12th Street Beer  Street Address                                   | State       | Code                                     | 07/26/2023  Description of Expenditure  Used wrong card  Date [MM/DD/YYYY] \$ 46.00  Description of Expenditure  Campaign Meeting/Fundraiser  Date [MM/DD/YYYY] \$ 52.98  |
| House #  City  To Whom Paid  City  To Whom Paid              | 12th Street Beer   Street Address  | State       | Code                                     | Date [MM/DD/YYYY]  Campaign Meeting/Fundraiser  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  08/06/2023  52.39  46.00  46.00  Description of Expenditure  Date [MM/DD/YYYY]  08/06/2023  |
| House #  City  House #  City  To Whom Paid  House #  House # | 12th Street Beer   Street Address  | State       | Zip<br>Code<br>Code                      | Description of Expenditure  |
| House #  City  To Whom Paid  House #  City  To Whom Paid     | Street Address  12th Street Beer  Street Address  Wine and Spirits  Street Address | State       | Zip<br>Code<br>Code                      | Description of Expenditure  Used wrong card  Date [MM/DD/YYYY] \$ 46.00  Description of Expenditure  Campaign Meeting/Fundraiser  Date [MM/DD/YYYY] \$ 52.98  Description of Expenditure  Campaign Meeting/Fundraiser  Date [MM/DD/YYYY] \$ 52.98 |

# Statement of Expenditures

|                             |            | <br> |  |  |
|-----------------------------|------------|------|--|--|
| Filer Identification Number | 92-2947775 |      |  |  |

| To Whom Paid   | ATM Withdrawl                 |           |                            | Date [MM/DD/YYYY] \$   | 60.00  |
|--|-------------------------------|-----------|----------------------------|--|--|
| Hausa #  |                               |           |                            | 09/03/2023  Description of Expenditure   |  |
| House #  | Street Address                |           |                            | Description of Expenditure   |  |
| Gtý  |                               | State     | Zip<br>Code                | Campaign Meeting (Drinks)  |  |
| To Whom Paid   | Papa John's                   |           |                            | Date [MM/DD/YYYY] \$<br>09/03/2023   | 45.00  |
| House #  | Street Address                |           |                            | Description of Expenditure   |  |
| City   |                               | State     | Zip<br>Code                | Campaign Meeting (Food)  |  |
| To Whom Paid   | Penelec/First Energy          |           |                            | Date [MM/DD/YYYY] .\$<br>10/03/2023  | 268.85   |
| House #  | Street Address                |           | ·                          | Description of Expenditure   | #  <br>  |
| City   | Manufactures a serv           | State     | Zip<br>Code                | Wrong Card Used Online   | <u> </u>   |
| To Whom Paid   |                               | Transmand | Contract Contract Contract | Date [MM/DD/YYYY] \$   | Section Sectio |
| House #  | Street Address                |           |                            | Description of Expenditure   | and the second of the second o |
| City   |                               | State     | Zip<br>Code                |  |  |
| Tổ Whom Paid   |                               |           |                            | Date [MM/DD/YYYY] \$   | · ·  |
|  |                               |           |                            |  |  |
| House #  | Street Address                |           |                            | Description of Expenditure   |  |
| House #  | Street Address                | State     | Zip<br>Code                | Description of Expenditure   |  |
| House #  | Street Address                | State     |                            |  |  |
| House #  City  To Whom Paid  House #                                       | Street Address Street Address | State     | Code                       | Description of Expenditure   |  |
| House #  City  To Whom Paid  House #  City                                 |                               | State     |                            | Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure   |  |
| House #  City  To Whom Paid  House #  City  To Whom Paid                   | Street Address                | State     | Code                       | Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure   |  |
| House #  City  To Whom Paid  City  To Whom Paid  House #                   |                               | State     | Zip<br>Code                | Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure   |  |
| House #  City  To Whom Paid  House #  City  To Whom Paid  City  City  City | Street Address                | State     | Code                       | Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure |  |
| House #  City  To Whom Paid  City  To Whom Paid  House #                   | Street Address                | State     | Zip<br>Code                | Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure |  |
| House #  City  To Whom Paid  House #  City  To Whom Paid  City  City  City | Street Address                | State     | Zip<br>Code                | Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure |  |