

# Commonwealth of Pennsylvania - Campaign Finance Report

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

<b>Filer Identification Number</b>	20220540	<b>Report Filed By</b> ( Mark X)	<input checked="" type="checkbox"/> <b>Candidate</b>	<input type="checkbox"/> <b>Committee</b>	<input checked="" type="checkbox"/> <b>Lobbyist</b>
<b>Name of Filing Committee, Candidate or Lobbyist</b>		WTF PAC			
<b>Street Address</b>		4377 Cooper Rd			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16510

Type of Report (Place x under report type)

<b>1- 6<sup>th</sup> Tuesday Pre-Primary</b>	<b>2- 2<sup>nd</sup> Friday Pre-Primary</b>	<b>3- 30 Day Post Primary</b>	<b>4- 6<sup>th</sup> Tuesday Pre- Election</b>	<b>5- 2<sup>nd</sup> Friday Pre- Election</b>	<b>6- 30 Day Post Election</b>	<b>7- Annual</b>	<b>Special 2<sup>nd</sup> Friday Pre-Election</b>	<b>Special 30 Day Post-Election</b>
<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"/>
<b>Date Of Election (MM/DD/YYYY)</b>		11-7-23	<b>Year</b>	2023	<b>Amendment Report</b>	<input type="checkbox"/>	<b>Termination Report</b>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6-6-23	10-23-23	
<b>A. Amount Brought Forward From Last Report</b>	\$	11307.15	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2023 OCT 27 PM 3:36  ERIE COUNTY  VOTER REGISTRATION </div>
<b>B. Total Monetary Contributions and Receipts (From Schedule I)</b>	\$	2393.56	
<b>C. Total Funds Available (Sum of Lines A and B)</b>	\$	13700.71	
<b>D. Total Expenditures (From Schedule III)</b>	\$	5773.93	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>	\$	7926.78	
<b>F. Value of In-Kind Contributions Received (From Schedule II)</b>	\$	0.00	
<b>G. Unpaid Debts and Obligations (From Schedule IV)</b>	\$	0.00	

## Affidavit Section

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 paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_  
MO. DAY YR.

\_\_\_\_\_  
Signature of Person Submitting report

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
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

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_  
MO. DAY YR.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	20220540	
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 0.00

  

<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)	\$	1003.98
Total for the reporting period	(2)	\$ 1003.98

  

<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)	\$	1389.58
Total for the reporting period	(3)	\$ 1389.58

  

<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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$ 2393.56

## 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	20220540
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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]	\$

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:	20220540
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	150.00
Julie Chacona					06/07/2023		
House #	402	Street Address	Shenley Ave		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	51.99
Francesca Kern					08/24/2023		
House #	1111	Street Address	High Road Apt B302		Date [MM/DD/YYYY]	\$	
City	Tallahassee	State	FL	Zip Code	32304	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	250.00
Andrea Amicangelo					9-20-23		
House #	5121	Street Address	Robinhood Lane		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	51.99
Averie Shaughnessy					09-20-23		
House #	903	Street Address	Linden Ave		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	250.00
Karen Rzepcki					08-10-2023		
House #		Street Address	PO Box 100		Date [MM/DD/YYYY]	\$	
City	Wattsburg	State	PA	Zip Code	16442	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	250.00
Leah Manino					09-20-2023		
House #		Street Address	PO Box 1874		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16512	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.

Pfller Identification Number:	20220540
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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:	20220540
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Full Name of Contributor					Janet M Peters		Date [MM/DD/YYYY]	\$	389.58
							07-06-2023		
House #	4377	Street Address	Cooper Rd			Date [MM/DD/YYYY]	\$		
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$		
Employer Name					Mercyhurst Preparatory School		Occupation	Data Manager	
Employer Mailing Address / Principal Place of Business					538 East Grandview Blvd, Erie PA 16504				
Full Name of Contributor					Amy Cuzzola Kem		Date [MM/DD/YYYY]	\$	1000.00
							06/07/2023		
House #	5362	Street Address	Wolf Road			Date [MM/DD/YYYY]	\$		
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$		
Employer Name					Self		Occupation		
Employer Mailing Address / Principal Place of Business					5362 Wolf Road, Erie PA 16505				
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]	\$	
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									

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:	20220540
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Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							



**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**

<b>Filer Identification Number:</b>	20220540
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$ 0.00

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$ 0.00

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$ 0.00

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)		\$ 0.00
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**SCHEDULE II**

**PART F**

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	20220540
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>House #</b>					<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>Description of Contribution</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>House #</b>					<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>Description of Contribution</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>House #</b>					<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>Description of Contribution</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>House #</b>					<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>Description of Contribution</b>								

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	20220540
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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	20220540
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To Whom Paid	Mailchimp				Date (MM/DD/YYYY)	06/20/2023	\$	13.78
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid	Janet M Peters				Date (MM/DD/YYYY)	06/12/2023	\$	180.54
House #	4377	Street Address	Cooper Rd		Description of Expenditure			
City	Erie	State	PA	Zip Code	16510	Typeform Subscription		
To Whom Paid	Mailchimp				Date (MM/DD/YYYY)	07/20/2023	\$	13.78
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid	Anne Rahner				Date (MM/DD/YYYY)	08/27/2023	\$	187.62
House #	315	Street Address	West 40th St		Description of Expenditure			
City	Erie	State	PA	Zip Code	16508	Event supplies		
To Whom Paid	Tungsten Creative				Date (MM/DD/YYYY)	8/30/23	\$	4375.00
House #	510	Street Address	West 7th St		Description of Expenditure			
City	Erie	State	PA	Zip Code	16502	Marketing		
To Whom Paid	Tungsten Creative				Date (MM/DD/YYYY)	08/30/23	\$	125.00
House #	510	Street Address	West 7th St		Description of Expenditure			
City	Erie	State	PA	Zip Code	16502	Marketing		
To Whom Paid	Kathy Dahkemper				Date (MM/DD/YYYY)	08/27/23	\$	52.97
House #	108	Street Address	Myrtle St		Description of Expenditure			
City	Erie	State	PA	Zip Code	16507	Event Supplies		
To Whom Paid	Paypal				Date (MM/DD/YYYY)	09/26/2023	\$	33.93
House #		Street Address			Description of Expenditure			
City		State		Zip Code	banking fees			

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number</b>	20220540
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<b>To Whom Paid</b>		Committee to Elect Jill Beck		<b>Date [MM/DD/YYYY]</b>		\$	250.00
				09/27/2023			
<b>House #</b>		<b>Street Address</b>	PO Box 81583		<b>Description of Expenditure</b>		
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15217	Campaign Contribution	
<b>To Whom Paid</b>		Lorraine Dolan		<b>Date [MM/DD/YYYY]</b>		\$	250.00
				10/17/2023			
<b>House #</b>	1470	<b>Street Address</b>	Taylor Ridge Court		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16415	Campaign Contribution	
<b>To Whom Paid</b>		Judge Lane for Superior Court		<b>Date [MM/DD/YYYY]</b>		\$	250.00
				10/17/2023			
<b>House #</b>		<b>Street Address</b>	PO Box 2875		<b>Description of Expenditure</b>		
<b>City</b>	Bala Cynwyd	<b>State</b>	PA	<b>Zip Code</b>	19004-9998	Campaign Contribution	
<b>To Whom Paid</b>		Mailchimp		<b>Date [MM/DD/YYYY]</b>		\$	13.78
				08-20-2023			
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		E-Mailing Service	
<b>To Whom Paid</b>		Mailchimp		<b>Date [MM/DD/YYYY]</b>		\$	13.78
				09-20-2023			
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		E-Mailing Service	
<b>To Whom Paid</b>		Mailchimp		<b>Date [MM/DD/YYYY]</b>		\$	13.78
				10/20/23			
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		E-Mailing Service	
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

**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:	20220540
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							



**Pennsylvania Department of State**

Bureau of Campaign Finance & Lobbying Disclosure

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
WTF PAC				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input checked="" type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-Special Election	

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.**

Signature of Treasurer, Candidate, or Lobbyist

**Janet M Peters**

Printed Name

**10/27/23**

Date (MM/DD/YYYY)

**Erie/PA/US**

Location (City/State/Country)