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

	(, p		
Filer Identification 2	0220540	Report Filed (Mark X)	l By Candida	te de la companie de	Committee		Lobbyist
Name of Filing Committee, Ca Lobbyist	ndidate or	WTF PAC			To be a second s		
Street Address		4377 Cooper	· Rd			·	
City Erie		•	State	PA	Zip Code	16510	
Type of Report (Place x under	report type)						
1- 6 th Tuesday 2- 2 nd Friday	3- 30 Day Post	4-6th Tuesda	y 5-2 nd Friday	6- 30 Day Post	7- Annual	Special 2 ^{no} Friday	Special 30 Day
Pre-Primary Pre-Primary	Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
			X				
Date Of Election (MIM/DD/YYYY)	11-7-23	Year	2023	Amendment Report		Termination Report	
Summary of Receipts and	From Date	To Da	ite		For	Office Use Only	and Chapter Facility County Co
Expenditures	6-6-23		10-23-23				
A. Amount Brought Forward F	rom Last Repor	t \$	11307.15		- in the state of	- Company of the comp	3
B. Total Monetary Contributio	ns and Receipts	S S	2393.56			200 (20) 200 (20) 200 (20)	2023 OCT
C. Total Funds Available	The second secon	\$	13700.71				27
(Sum of Lines A and B) D. Total Expenditures	The second secon	\$	5773,93				
(From Schedule III) E. Ending Cash Balance	And the second s	State of A	7926,78			77	ယ္က
(Subtract Line D from Line C) F. Value of In-Kind Contribution	ns Received	\$		မ မ			$\tilde{\omega}$
(From Schedule II) G. Unpaid Debts and Obligation	ns de la company	\$ \$	0.00				
(From Schedule IV)	197 Spenie A. 198 - 198	oppy distance y particular and parti	0.00				
Part 1- If this is a Committee repor	t, treasurer sign h	ere. If this is a C	Affidavit Se andidate report, ca				
I swear (or affirm) that this report,		ched schedules	on paper, is to the	best of my knowled	ige and belief t	ue, correct and comple	te.
Sworn to and subscribed before m							
day of	20	- 1	_	Signature	of Person Subm	nitting report	
Clanation		- `	_		Printed Nam		
Signature		. 1			Printed Nam	e	
My Commission expires MO.	DAY YR.	_		Area Code	Day	time Telephone Numbe	er
Part II- If this is a report of a Candio	date's Authorized	Committee, car	ndidate shall sign h	ere.	<u> </u>		
I swear (or affirm) that to the best amended.	of my knowledge	and belief this p	olitical committee	has not violated an	y provisions of t	the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me	e this						
day of	20	- '1	_				
		!	•	Sign	nature of Candi	date	
Signature		_ ,			Printed Name		
My Commission expires	DAY VD	_		una Cada		ina Talanhe N t	
MO.	DAY YR.		A	area Code	Dayl	ime Telephone Number	-
						•	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Carlo Company and Company				
Filer identification Number				
The second secon	20220540			
Land William Control of the Control	20220070			
The second secon				

1.Unitermized Contributions and Receipts-\$50.00	or Less per Contributor	774	i i Albe	
	Total for the reporting period	(1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part 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
3. Contributions Over \$250.00 (From Part C and	Parto)	Will Lawrence	in d	
Contributions Received from Political Committees	(Part C)		\$	0.00
All Other Contributions (Part D)			\$	1389.58
Т	otal for the reporting period	(3)	\$	1389.58
4. Other Receipts-Refunds, Interest Earned, Retu	irned Checks, ETG. (From Part E)		
Т	otal for the reporting period	(4)	\$	0.00
Total Monetary Contributions and Receipts during enter amount totals from Boxes 1, 2, 3 and 4; also 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			
				Amount
Full Name of Contributing Committee			Date MM/DD/YYYY S	
Compared			64 S S A A A A A A A A A A A A A A A A A	
House # Street	Address	** ***********************************	Date [MM/DD/YYYY] \$	
All			The state of the s	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
The control of the co			and the state of t	
Full Name of Contributing Committee	00 00 00 00 00 00 00 00 00 00 00 00 00		Date [MM/DD/YYYY) \$	
Committee				
House # Street	Address		Date [MM/DD/YYYY] \$	
			regeneration and the control of the	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	······································
			Street St	
Full Name of Contributing Committee	1995 1995 1796 1797 1797 1797 1797 1797 1797 1797		Date [MM/DD/YYYY] \$	
	RECEIVED TO THE PROPERTY OF TH		on 1474/2007 - 1274 A. Marian - 1274 A. Marian	
House# Street	Address		Date [MM/DD/YYYY] \$	
The state of the s			offer year with water for the second of the second of the second of the end of the second of the second of the second of the end of the second of the second of the second of the end of the second of the second of the second of the end of the second of the second of the second of the end of the second of the second of the second of the end of the second of the second of the second of the second of the end of the second of the second of the second of the second of the end of the second of the second of the second of the second of the end of the second of the second of the second of the second of the end of the second of the second of the second of the second of the end of the second of the second of the second of the second of the end of the second of the second of the second of the second of the end of the second of the second of the second of the second of the end of the second of the second of the second of the second of the end of the second of the second of the second of the second of the end of the second of the end of the second of the end of the second of the end of the second of the s	
Gity	State	Zip Gode 1	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Trickers and the state of the s		Date [MM/DD/YYYY] \$	
1	70 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Profes EMAZINE SONNO	
House # Street	Address		Date [MM/DD/YYYY] \$	
NAME OF THE PARTY	1 (A)			
TO COLOR 100 A 100	State	Zip Code	Date [MM/DD/YYYY] \$	
Company of the Compan	**************************************	The state of the s		<u></u>
Full Name of Contributing Committee	100 PM		Date [MM/DD/YYYY] \$	
ACTION SERVICE AND ACTION AS A SERVICE AS A	and the state of t		The state of the s	
House # Street	Address		Date [MM/DD/YYYY] \$	
			\$2.00 miles	
City	State	Zip Code 🔀	Date [MM/DD/YYYY] \$	
**************************************	Company of the compan		State of a state of the state o	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
The second secon	Address		Date [MM/DD/YYYY] = \$	
			The second secon	
			THE REAL PROPERTY AND A STATE OF THE PROPERTY AND A STATE	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
7				

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.)

		1000	
Filer Identification Number:			
THE THE ILLINGS HOLD TO THE TOTAL TO THE TANK TH			
Filer Identification Number:	00-10		
202	20540		
	20070		
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- 267 / 3			

		AND THE PARTY OF T	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
	Julie Chacona	06/07/2023	150.00
	reet Address	Date [MM/DD/YYYY] \$	
402	Shenley Ave		
City	State Zip Code	Date [MM/DD/YYYY] \$	
Erie	PA 16506		
Full Name of Contributor	See	Date [MM/Db/YYYY] \$	141178
	Francesca Kern	08/24/2023	51.99
House # Sti	reet Address	Date [MM/DD/YYYY] \$	
1111	High Road Apt B302		
giv _	State Zip Code	Date [MM/DD/YYYY] \$	
Tallahassee	FL 32304	2	
Full Name of Contributor		Date [MM/DD/YYYY]\$	6. A C C C C C C C C C C C C C C C C C C
	Andrea Amicangelo	9-20-23	250,00
House #	reet Address	Date [MM/DD/Y/YY] \$	
5121	Robinhood Lane		
Chy	State Zip Code,		
Erie	State Zip Code 216509	Date [MM/DD/YYYY] \$	
	The state of the s		
Full Name of Contributor	Averie Shaughnessy	Date [MM/DD/YYYY] \$	54.00
	one.	09-20-23	51.99
	eet Address	Date [MM/DD/YYYY] \$	
903	Linden Ave		
City Erie	State Zip Code: 16505	_Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] \$	050.00
	Karen Rzpecki	08-10-2023	250.00
House # Str	eet Address	Date [MM/DD/YYYY] \$	
	PO Box 100	The state of the s	
Glay	State Zip Code:	Date [MM/DD/MYYY] \$	
Wattsburg	PA 16442		
Full Name of Contributor		Date [MM/DD/YYYY] \$	
	Leah Manino	09-20-2023	250,00
House # Str	eet Address	Date [MM/DD/YYYY] \$	
	PO Box 1874		
City •	State Zip Gode	Date [MM/DD/YYYY] \$	
Erie	State Zip Code PA 16512	Date [MM/DD/YYYY] \$	
W. i			

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.

Eller Identification Number: 202	20540			
Full Name of Contributing Committee	; -		Date [MM/DD/YYYY] \$	
House #	ddress.	***	Date [MM/DD/YYYY] \$	
<u>City</u>	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of	25 See 22		Date [MM/DD/YYYY] \$	
Contributing Committee House # Street A	A A Secret	Wit at	Date [MIM/DD/YYYY] \$.
City :	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/bb/YYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A	ddress	*** U	Date [MM/DD/YYYY] =5	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/QD/YYYY] \$	
House # Street Ad	idress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/Y/Y/jai S	
Full Name of Contributing Committee	5-75		Date [MM/DD/YYYY] 5	
House # Street Ad	ddress		Date [MM/DD/YYY] \$	We-te - 1-2004 1
City	State	ZIP Gode	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	
1. 2. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	

Full Name of Contributor			Date [MM/DD/NAY]	
Janet M Pe	eters		07-06-2023	389,58
House # Street Address		- Westernate	Date [MM/DD/YYYY]	
4377	Cooper Rd			
Gity Erie	State PA	Zip Code 16510	970 W	The state of the s
Employer Name	Mercyhurst Preparatory	y School	Occupation Data Manager	•
Employer Mailing Address / Principal Place of Business	538 East Grandview Bl	lvd, Erie PA 16504		
Full Name of Contributor			Date (MM/DD/AAA)	
Amy Cuzzo	ola Kem		06/07/2023	1000.00
House # Street Address			Date [MM/DD/YYYY] \$	
- A A A A A A A A A A A A A A A A A A A	Wolf Road			
Gity Erie	State PA	Zip Code 16505	Date [MM/DD/YYYY]	
Employer Name	Self	and the second s	Occupation	
Employer Mailing Address /= Principal Place of Business	5362 Wolf Road, Erie F	PA 16505	\$200 mg 200 de de la lace de lace de la lace de	
Full Name of Contributor	1		Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
aCity)	State	Zip Code	Date [MM/DD/YYYY] 5	E
Employer Name	Annual of the state of the stat		Occupation	of Annual
Employer Mailing Address / Principal Place of Business			Continue Marie 1881 - Tomanda	
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	
City!	State	Zip Code	Date [MM/DD/AA^A] S	
Employer Name			Occupation	
			occapation-	
Employer Mailing Address / 4 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			
Full Name (3 13				
House #	Street Address			
City :		State	Zip Code	Date [MM/DD/YYYY] 255
Receipt Description				
Rull Name				
House #	Street Address			
City 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		State	Žlp ₹ Gode	Date [MM/DD/AYXXX] \$
Receipt Description				A CANADA
Full Name	200			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/XXXY] \$
Receipt Description				Plan Difference of the Control of th
FulliName				
House #	Street Address			
City 1		State	Zip Code	Date [MM/DD/YYYY] 5
Receipt Description		I - Commenter of the Co	The common of the first section of the common of the commo	I was a second s
Full Name	7 25 3 7 7 7			
House #	Street Address	4.7		
Giy		State	Zip Code	Date [MM/DD/YYYY] 5
Receipt Description				
Full Name			• •	
House #	Street Address			
City 1		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

Filer Identification Number:	20220540		
THE BUILDING WINDS	CONTRIBUTIONS RECEIVED AVAILUE OF \$50	3 00 6	Shirth: New York Printers A.
TOTAL for the reporting period	(1)	Ś	0.00
2. IN KIND CONTRIBUTION	DNS RECEIVED-VALUE OF \$50,01 TO \$250.	00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	0.00
3. IN KIND CONTRIBUTION	ON RECEIVED-VALUE OVER \$250.00 (FROM	1 PAR	T.G)
TOTAL for the reporting period	(3)	\$	0.00
	RIBUTIONS DURING THIS REPORTING totals from boxes 1, 2, and 3; also enter tem F)	\$	0.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number	
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1 20220340	
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Full Name of Contribu	utor			Date MM/DD/AYAY 5	
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				\$	
House#	Comment (Comment)			Date [MM/DD/YYYY] \$	
HOUSE	Street Address		•	pare ligitification 1.111	
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City	·	State	Zip Code	Date MM/DD/YYYY] \$	
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Description of Contrib	oution #		***************************************		1.
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Full Name of Contribu					**************************************
Full Mame of Courting	HOF			Epate [MIVI/DD/YYYY] \$	
19. 克·莱二克 - 蒙 - *** *** *** *** *** *** *** *** *	5. A				
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	Street Address			Date [MM/DD/AYAY] S	
	5. A				
	\$4 ·				
(X)				**	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
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Description of Contrib	oution				•
Full Name of Contribu	and I			Date:[MM/DD/YYYY] \$	
run Manie Di Continuo				Date [MM/DD/11/1] 3	
	· 黄				
- 技能等 3 美 34			i	<u> </u>	
House #	Street Address			Date [MM/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] 5	
3		基	- 注電車		
			at Pit Call		
Description of Contrib	oution				
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Full Name of Contribu	itor			Date [MM/DD/YYYY] \$	
· 美 美 美	5 #				
Herres #				Facilia Fada (Cara (VA) (Cara	
House #	Street Address			Date [MM/DD/Y/Y/X] \$	
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	表 美				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				- Syn ja Joseph	
#					
Description of Contrib	oution 🏯				
10					
Full Name of Contribu	tor			Date [MM/DD/YYAY] 5	
	È T				
House #	Street Address			Date [MM/DD/YYYY] \$	
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· 商用 。					
City		State	Zip Code	Date MM/DD/Y/Y/X 5	
SIC7	600 ((rib soca	Date [MM/DD/YAYY] \$	
- 请	\$1 85 85	30 (10 days) 30 (10 days)			
Description of Contrib				Programme of the Contract of t	1
pescription of contrib	racion.				
	1 - Mai				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
- FIRE INENTIFICATION NUMBER			
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	1000000=10		
	20220540		
341	120220340		
r -cm/ -			
Filer Identification Number:	N		
	1		
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The state of the s	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
Street Address	
	Marine Ma Marine Marine Ma Marine Marine Marine Ma Ma Marine Marine Ma Ma Ma Ma Ma Ma Ma Marine Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business 4	of
	Contribution
Full Name of Contributor	Date MM/DD/YYXY) \$
House # Street Address	Date [MM/DD/XYYY] \$
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City State Zip Code	Date [MM/Elb/AYY) \$
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Employer Name	Occupation
Employer Mailing Address / Principal	Description
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riace(o) Dusiness	
	Contribution
Full Name of Contributor	Date MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
	Date [MM/DD/YYY] \$
House # Street Address	Date [MM/DD/YYY] \$
	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
City State Zip Code	
City State Zip Code Employer Name	Date [MM/DD/YYYY] \$ Occupation
City State Zip Code Employer Name Employer Mailing Address / Principal	Date [MM/DD/YYYY] \$ Occupation Description
City State Zip Code Employer Name Employer Mailing Address / Principal Applace of Business	Date [MM/DD/YYYY] \$ Occupation Description of
City Zip Code Employer Name Employer Mailing Address / Principal Place of Business	Date [MM//DD/YYYY] \$ Occupation Description of Contribution
City State Zip Code Employer Name Employer Mailing Address / Principal ## Place of Business	Date [MM/DD/YYYY] \$ Occupation Description of
City State Zip Code Employer Name Employer Mailing Address / Principal Zip Code	Date [MM//DD/YYYY] \$ Occupation Description of Contribution
City State Zip Code Employer Name Employer Mailing Address / Principal Zip Code	Date [MM//DD/YYYY] \$ Occupation Description of Contribution Date [MM//DD/YYYY]
City State Zip Code Employer Name Employer Mailing Address / Principal Zip Code	Date [MM//DD/YYYY] \$ Occupation Description of Contribution
City State Zip Code Employer Name Employer Mailing Address / Principal Applace of Business Full Name of Contributor	Date [MM//DD/YYYY] \$ Occupation Description of Contribution Date [MM//DD/YYYY]
City State Zip Code Employer Name Employer Mailing Address / Principal Applace of Business Full Name of Contributor House # Street Address	Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City State Zip Code Employer Name Employer Mailing Address / Principal Applace of Business Full Name of Contributor	Date [MM//DD/YYYY] \$ Occupation Description of Contribution Date [MM//DD/YYYY]
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City State Zip.Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City State Zip Code	Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Gity State Zip Code Employer Name	Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Gity State Zip Code Employer Name Employer Name	Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Gity State Zip Code Employer Name	Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation

Statement of Expenditures

Fier identification Number 20220540

#CNGTORATERIO				
Mailchimp			06/20/2023	13.78
HOUSE # STreet Address			Cesception of Experien	
K(II)	State	čjo Code		
in Whom Pard Janet M Peters	A three manners are the second of the second	And the last of th	RECEDENTAL CARREST	180.54
Hause # Accord Street Address		·	06/12/2023	
4317	Cooper Rd State	64 0 38 24		
Erie	PA	21g Goste 2 16510	Typeform Subscription	22.030
Mailchimp			07/20/2023	13.78
House 9 Street Address			Destribution of the second	Carrier (Carrier and Access)
	State	Zip, cole		
Anne Rahner				187.62
HOUSe # Report Address			08/27/2023	
315 V	Vest 40th St	412	- 1	
Erie	PA	16508	Event supplies	67 (A 2020)
To Whom Paid Tungsten Creative			8/30/,23	4375.00
House# 510 Street Address V	Vest 7th St		Pasaring of GAZORIAN	
City Erie	State PA	dip € 16502	Marketing	A SAN TERROR STATE OF THE SAN TERROR S
To Whom Faid Tungsten Creative	Control Colony and Colon	Principle and an international and a second	08/30/23	125.00
House # 510 Street Address V	Vest 7th St		Description at Storings	Personal Land Company and Section Study 20
Erie	State PA	Zip : 16502	Marketing	
to WhamiReid Fall Kathy Dahlkemper			(Patel (Yuki/s) (X/A/A))) 08/27/23	52.97
House 108 Street Address	Myrtle St		Description el tapando	
Erie	State PA	16507	Event Supplies	
To Whom Paids Pay Pal			09 26 2023	33.93
Hause# Street Address			Presentation to Experien	
				ar area a service and a servic

Statement of Expenditures

The state of the s	
20220540	
Filer Identification Number: 20220540	

To Whom Paid:	lill Pook			Date [MIM/DD/YXY]	\$ 250.00
	MI BECK			09/27/2023	
PC	Box 81583			Description of Expend	iture
City Pittsburgh	State PA	Zip Code 15	5217	Campaign Contribution	
To Whom Paid Lorraine Dolan	- <u>-</u>			Date [MIN/DD/YYYY]	\$ 250,00
House # Street Address _			<u> </u>	10/17/2023 Description of Expendi	<u> </u>
1470 - V - I a	ylor Ridge Court				
City Erie	State PA	Zip Code 16	6415	Campaign Contribution	
Jo Whom Raid Judge Lane for Supe	erior Court			Date [MM/DD/YYYY]	5. 250.00
House # Street Address	. D 0075			10/17/2023 Description of Expendi	ture: (
City	Box 2875	Zip.;			
Bala Cynwyd	PA	Code 2 19	9004-9998	Campaign Contribution	
To-Whom Paid Mailchimp				Date (MM/bb/AYYY)	13.78
House # Street Address				08-20-2023 Description of Expendi	ture
City	State	Zip			
		Code		E-Mailing Service	
To Whom Paid Mailchimp				Date [MM/DD/YYYY] 09-20-2023	\$ 13.78
House # Street Address				Description of Expendi	ture # /* ##.
Citý Citý	State	Zip		* 75/2 (x/s)	
		Code		E-Mailing Service	
To Whom Paid Mailchimp				10/20/23	\$ 13.78
House # Street Address				Description of Expendi	ture 🗶 💮
City	State	Zip 🐴		S. Marillan O. Sandan	
		Code		E-Mailing Service	
To Whom Pald				Date [MM/DD/YXX/]	
House # Street Address				Description of Expendi	ture
SCILLY STATES OF THE STATES OF	State	Zip 🧱 🌡		# # # # # # # # # # # # # # # # # # #	
		Code.			
To Whom Pald				Date [MM/DD/YYYY]	(5)
House # Street Address				Description of Expendi	ture
City	*State	Zip :			

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:			
20220640			

Name of Creditor		Outstanding Balance of Debt
	Street Address [MM/DD/YY	
City	State Zip Code	
Description of Debt		To and
Name of Greditor		Outstanding Balance of Debt
House #	Street Address DATE DEBT INCL [MM/DD/YY	
City Description of Debt	State Zip Code	
Description of Desc.		
Name of Creditor		Outstanding Balance of Debt
House #	Street Address DATE DEBT INCL [MIN/BD/XY	
City Description of Debt	State Zip Gode	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address DATE DEBT-INCU	- 1 J. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	WY/QQ/WM]	
City	State Zip Gode	Section 2 of 2
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
FHouse #	Street Address DATE DEBT INCL [MM/DD/YY	
City	State Zip Gode Zip	
Description of Debt		- "
Name of Creditor		Outstanding Balance of Debt
House#	Street Address DATE DEBT INCL [MM/DD/YY	
dity	State Zip Code	
Description of Debt		



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, Can	didate, or Lobby	st _a	The second secon	The second of th
-ب	TF PAC				
Reporting Cycle	Name	The state of the s		The state of the s	The state of the s
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election	_	cle 9 st-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.

is submitted with a report by a contributing loopyis	st, the loopyist must sign here.
I declare under penalty of perjury under the law o that the accompanying Campaign Finance Report	•
Audu II	10/27/23
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Janet M Peters	Erie/PA/US
Printed Name	Location (City/State/Country)