

Print Form

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

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Filer Identificat Number			·			ort l ark >	Filed B ()	y C	andid	te		C	ommittee	=		X	Lobb	yist	
Name of Filing Lobbyist	Name of Filing Committee, Candidate or Lobbyist The Committee to Elect Sam C			Comfort		! <u>; </u>	.,			.4.4	ļ. ————		4.1- <u></u>						
Street Address					903	Lind	len Av	e			<u> </u>	1	<u></u>						
City		Erie			L			\$	tate	PA		Ži	p Code	165	05				
Type of Report	(Place x	under i	report typ	e)								1					<u> </u>		
1-6 th Tuesday	2 2 nd	Friday	3-30 Da	v Post	4-6	h Tu c	esdav	5- 2 nd [riday	6-30 Da	v Post	7	Annual	Spe	cial 2	no Friday	Spec	ial 30 E	av
Pre-Primary			Primary		Pre-			Pre-El			•			1 '	-Elect			Electio	
]]												
Date Of Electio			11/07/2	2023	Yea	ľ		20:	23	Amendr Report	nent	[mina	tion			
en en en en en en en en			عسنني	وببعثبد		سعبان				keport	: :	ا ا		1 .	ort				
Summary of Re Expenditures	ceipts a	and	From Da	ate		T	o Date	:			": · ·	7	Foi	Office	e Use	Only		** . * :	
expenditures			10/23	3/2023			11	/.27/20 2	23	1		:							
A. Amount Bro	ught Fo	rward F	rom Last	Report		\$	2	,241.86	<u> </u>			 -					23		
B. Total Monet		tributio	ns and Re	eceipts		\$										error Errorens	ದ		:
(From Schedule C. Total Funds /	,			, , ,				2,469.63											
(Sum of Lines A					2	\$	4	1,711.49									2		
D. Total Expenditures			<u> </u>		\$										11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10			
(From Schedule							3	3,309.59		•							7:34		
E. Ending Cash			•			\$		1,401.90		1							င္ခဲ		
(Subtract Line I						_	٠	1,401.50		j						277	1.0		
F. Value of In-K (From Schedule	: II)			/ea		S		0.00								11.0 11.0	ப்		
G. Unpaid Debt (From Schedule		bligatio	ons	*****		\$		0.00											
			-					Affi	davit S	ection		- 1					-		
Part 1- If this is a								didate r	eport, c	andidate sig		<u> </u>							
swear (or affirm				the atta	ched :	sched	dules or	n paper, i	s to the	best of my	knowled	ige :	and belief	true, co	orrect	and comple	te.		
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day of			20				1			wu.	$ \mathcal{N}$	<i>\/</i>	11 tilane	MU	-6	mis	-X		
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	Signatu	re							-	-			Printed Na			· · · · · · · · · · · · · · · · · · ·			
My Commission e	vnirec						• •		4	112			31	0-799	9				
	p cs	MO.	DAY	YR,					;-	Area Code			D	aytime	Telepi	none Numb	er		
Part II- if this is a	report of	f a Candi	date's Auti	horized	Come	nitte	e, cand	idate sha	ili sign i	iere.		<u> </u>			-				-
I swear (or affirm amended,) that to	the best	of my knov	wiedge	and b	elief	this pol	litical con	nmitte	has not vio	lated an	y pr	ovisions o	f the Ac	t of Ju	ine 3, 1937	(P.L. 13	33, NO.	320) as
Sworn to and sub	scribed b	pefore m	e this							_	П	-	<i>~</i> .						
day of			חל							Sam.	1	7	1/1						
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	Classe						j'		_		nve	<u> </u>	y) (0.	<u>m701</u>	<u> </u>				
[Signatu	i C					, I			147		Při	nted Name		<u></u>	10			
My Commission e					_					94 <u>+</u>			<u>ک</u>	<u>86 -</u>	-64	43			
	1	MO.	DAY	YR.						Area Code			ра	ytime T	eleph	one Numbe	r		

SCHEDULE !

Contributions and Receipts Detailed Summary Page

·	
\$	295.84
\$	0.00
\$	0.00
\$	0.00
-	
\$	0.00
5	1,973.79
\$	1,973.79
يجعنوان	
\$	200.00
\$	2,469.63
	\$ \$

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

				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
	Address	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	5-
House # Street A	Address	The Mark Secretary and the Control of the Control o	Date [MM/DD/YYYY] S	;
City	State	Zip Code	Date [MM/DD/YYYY] \$	5
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$;
House # Street A	Address		Date [MM/DD/YYYY] 5	,
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A	Address	**************************************	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	5
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	,
House # Street A	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	Address	File of the state	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:			
Full Name of Co	nvibulo:		Date (MM/DD/YYY)	
House #	 Street Address	W. C. Comp. By Comp. Comp. Comp.	Date [MM/DD/YYYY] \$	
	Sheer Wantess		Pare Inital/DD/11111	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$	
House#	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	en e servicination la company de la comp	Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$	
House #	Street Address	<u> </u>	Date [MM/DD/YYYY] \$	
City	State	Zip Cöde	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor		Date [MM/DD/YYYY] 5	
House#	Street Address	And Maryes and the Control of the State of the Control of the Cont	Date [MM/DD/YYYY] \$	
City	State -	Zip Code	Date [MM/DD/YYYY] 5	

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.

Fliër Identificati	on Munders				<u> </u>
Full Name of	December 7 and well				
Contributing C	ommittee			Date [MM/DD/YYYY] \$	
House#	Street Address			ID-6% (Ann Copy) and the	
				Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	Marian Property and the second				
Contributing G	mmittee			Date [MM/DD/YYYY] S	Tillian y
House#	Street Address			Date [MM/DD/YYYY] \$	
City		les de la constante de la cons			
	and West and the control of the cont	State	Zip Code	Date [MNI/DD/YYYY] S	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House#	Harris Constitution Constitutio				
	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of					
Contributing Co	mnittee			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	\neg
City		State	Zip Code	Date [MM/DD/VYYY] \$	
Full Name of	Marin Principal India	140 S			i
Contributing Co	mmittee			Date [MM/DD/YYYY] .s.	
House#	Street Address			Date [MM/OD/YYYY] 5	_
City		W. J. W. Park			
		State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Co	nmittee	Section 2000	1.75% ser 3877,488.78	Date [MM/DD/YYYY] 5	_
House #	Street Address				
	Jaueet Address			Pate [MM/DD/YYYY] \$	
CITY :		State	Zip Code	Date [MM/DD/YYYY] \$	-
\$,000 R 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1					

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:				
	AN CONTRACTOR				
Full Name of Con		ice Association		Date (MM/DD/YYYY)	\$ 1473.79
House #	Street Address			10/26/2023 Date [MM/DD/YYYY]	\$.
City		State	Zip Code	Date (MM/DD/yyyy)	
Employer Name		1 Constitution of the	part of the forests, add the first series	Occupation	olerate
Employer Mailing Principal Place of	Business				
Full Name of Con	4 (1 to 1 t	arpenters PEC		Date [MM/DD/YYYY] 10/26/2023	500.00
House # 1803	Street Address	opring Garden St		Date [MM/DD/YYYY]	
Gity Philadelph	iia	State PA	Zip Code 19130	Date [MM/DD/YYYY]	**************************************
Employer Name				Occupation	
Employer Mailing Principal Place of	Business				
Full Name of Con	tributor			Date [MM/DD/XYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	Power Light Control of the Lig	State	Zip Code	Date [MM/DD/YVYY]	.
Employer Name				Occupation	
Employer Mailing Principal Place of	Business				
Full Name of Con	tříbutor	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/\\\\\]	S
House#	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Employer Name				Occupation	
Employer Mailing Principal Place of				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	·-·

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	53 TV PM				
	Millcreek Towns	ship			
House # 3608	Street Address W	26th St			
City	Eric	State	Zip PA Cod		Date [MM/DD/YYYY] \$ 10/26/2023 200.00
Receipt Description	Security Deposit	Refund for Rental of P	arks Pavilion	N_0	
Full Name			- <u></u>	177. 1 / 1	
House# W 26t	Street Address			1-12	
City		State	Zip Cod	100 P	Date [MM/DD/YYYY] \$
Receipt Description	Article.				
Full Name	- Sara				
House #	Street Address				
City		State	Zip Cod		Date [MM/DD/YYYY] \$
Receipt Description			\$-354 Car	s=	1000
Full Name			<u></u>		
House#	Street Address			(
Gity		State	-Zip Cod	8	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
House#	Street Address		1-4-1-4-1-1	***	
City		State -	Zip Cod		Date [MM/DD/XYYX] \$
Receipt Description			January January	4.4.2.1	182
Full Name		<u> </u>			
House#	Street Address				<u> </u>
Clby	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	State	Zip Cod		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:				
UNITERITED INVIAIN CONTRA				
UNITEMIZED IN-KIND CONTRI TOTAL for the reporting period	(1)	\$	ER CONTRIBUTOR	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PA		
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fit on Page 1, Report Cover Page, Item F)				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:			
Full Name of Contributor		Date [MM/DD/Y	XXI.
	(Anthony 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		
House # Street	Address	Date (MM/DD/Y	000 S
icity.		Code Date (MM/DD/Y	
	State 24p	Code Date (MM/DD/Y	WWW E
Description of Contribution			*****
Full Name of Contributor	<u>, , , , , , , , , , , , , , , , , , , </u>	Date [MM/DD/N	MYYI S
House # Street	Address	Date [MM/DD/1	mmj s
			63 5 67 67 5 7 7 7 7 7 8 7 7 8 7 8 8 7
City	State Zip	Code Date [MM/DD/)	35.02 P
Description of Contribution	### ### ### ### ### ### ### ### ### ##		75 75 75 75
Full Name of Contributor	5.	Date (MM/DD/)	MM S
House # Street	Address	Date [MM/DD/\	YYY] \$
Halifa Araba Halif			
City	State Zip	Code Date [MM/DD/)	<u>(YYY)</u> \$
Description of Contribution			
Full Name of Contributor		Date [MM/DD/s	MYM 5
House# Street	Address	Date [MM/DD/\	YYY) \$
			NOS (0.40) (1.40)
Glty	State 2ip	Code Date [MM/DD/\	XXVI S
Description of Contribution			150 mg/s 140 = 27
Full Name of Contributor		Pate [MM/DD/)	ANNA SEREN
		Pate:[min/DD]	MM \$
House# Street	Address	Date [MM/DD/)	<u>- </u>
		7000 171111/1907	
(Clty)	State Zip	Code Date (MM/DD/)	NYYII S
Description of Contribution			
			And the second s

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Füll Name of Contributor		Date (MM/DD/YYYY)
		7.250 2.250 2.450 2.450 2.450
House# Street Ad	dress	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Prin Place of Business	CIPAL TO THE PROPERTY OF THE P	Description of Contribution
Full Name of Contributor.	ı	Date [MM/DD/YYYY] \$
House# Street Add	fress	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Prin Place of Business	cipal	Description of Contribution
Full Name of Contributor		Date (MM/DD/YYYY) \$
House # Street Add		Date [MM/DD/YYYY] 5
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Prin Place of Business	Cipal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add	fress	Dáte [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Prin		Occupation
Place of Business	Sydi	Description of Contribution

Statement of Expenditures

Filer (dentification Numbers		 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Filer identification Number:			
Filer Identification Numbers			
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	CAN THE STATE OF T	 i	

To Whom Pald						
	Community Access M	ledia			Date [MM/DD/YYYY] \$	50.00
House #					10/23/2023	
142	Street Address w	12th St			Description of Expenditure	
City Erie		State	PA	Zip Code 16501	Filming of media on election + c	andidate
To Whom Paid	PNC Bank				Date [MM/DD/YYYY] \$	
					10/26/2023	1.50
House # 2701	Street Address Le	gion Rd			Description of Expenditure	
City Erie		State	PA	Zip Code 16506	counter check fee	
To Whom Paid	MoCostu Deletina		· · · <u></u>		Date [MM/DD/YYYY] \$	
	McCarty Printing				10/26/2023	2540.59
House # 246	Street Address E	7th St			Description of Expenditure	
Erte Erie	City Erie State PA Zip Code 16503			Mailer Fees, Printing, Mailing		
To Whom Paid	PNC Bank				Date [MM/DD/YYYY] \$	
					11/01/2023	1.50
House # 2701	Street Address Le	gion Rd			Description of Expenditure	
City Ene		State	PA	Zip Code 16506		and the second s
To Whom Paid	6 API			agent former, see the see	Date [MM/DD/YYYY] \$	7
	Millcreek Democratic	Committee	•		11/03/2023	500.00
House #	Street Address				Description of Expenditure	
City Erie		State	РА	Zip Code 16505	Payment for Portion of Mailer	
To Whom Paid			THE REPORT OF THE PARTY OF THE		Date [MM/DD/YYYY] \$	
	Erle Reader				11/03/2023	216,00
House # 1001	Street Address St.	ate St			Description of Expenditure	
City	1/2/美麗美術			D-21-0200000		
Erie		State	PA	Zip Code 16501	Ads online - Erie Reader	
To Whom Paid					Date [MM/DD/YYYY] S	
House#	Street Address				Description of Expenditure	
City	Sign of Control (March 1977)	State		Zip Code		
To Whom Paid	transfer of the second property of the second	(1002001A88)	mineral participation of the first	TAX CAMPUS SOC	Date [MM/DD/YYYY] \$	
House#	I STATE OF A STATE OF					
110436 #	Street Address				Description of Expenditure	
Control of	10 1 Mar 200 EFF 52 59	1 (24 a 5 (2) 7 d				對新的哲學的人名德斯
City		State		Zip	l	4

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.

the straight and the straight and	Aging Commission Association	وبيوب مستملان فان وبيد		
Name of Credito				Outstanding Balance of Debt
House#	Street Address	D /	ATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Z027	
Description of Da	aloi.		Code	
Name of Credito				Outstanding Balance of Debt
House #	Street Address	D.	TE DEST INCURRED [MM/DD/YYYY]	\$
City		State	Z :	
Description of De	ibt .		Code	
Name of Credito				Outstanding Balance of Debt
House#	Street Address	БА	YTE DEST INCURRED [MM/DD/YYYY]	S
City		State	Zip	
Description of De	######################################		Code	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		TE DEST INCURRED	\$
City :		State	Zip Code	
Description of De	151	L-Carrous		政治
			Market Committee of the	
Name of Creditor	ing a Color (1996) Switz Barry of St.			Outstanding Balance of Debt
Name of Creditor	Street Address		TE DEBT INCURRED [MM/DD/YYYY]	 # 20 = 1 \$80.00 ft(r) 1 du \$10.00 ft(r) 50.00 ft(r) 20 du 60.00 ft(r) 10 ft
当即是中华民族的	ing a Color (1996) Switz Barry of St.		[MM/DD/YYYY]	(1) 表示的表示的表示。如此是一种的数据的表示的一个可能能够。
House #	Street Address		(MM/DD/YYYY)	
Flouse # City Description of De	Street Address		[MM/DD/YYYY]	(1) 表示的表示的表示。如此是一种的数据的表示的一个可能能够。
Flouse # City Description of De	Street Address	State	[MM/DD/YYYY]	.\$
Flouse # City Description of De	Street Address	State	[MM/DD/YYYY] Zip	Sutstanding Balance of Debt