

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends Of Rock Copeland						
Street Address		1336 Patterson Ave						
City	Erie	State	PA	Zip Code	16508			

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

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/24/2023	11/27/2023	
A. Amount Brought Forward From Last Report	\$	1,731.21	<p>2023 DEC -6 PM 3:50</p> <p>FILED</p> <p>NOTARY PUBLIC</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	81.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1812.21	
D. Total Expenditures (From Schedule III)	\$	-\$1,239.37	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	\$572.84	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

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

Sworn to and subscribed before me this 14<sup>th</sup> day of December 2023

Angela L. Watson  
Signature

My Commission expires 12/02/2026  
MO. DAY YR.

Mary Fischer  
Signature of Person Submitting report

Mary Fischer  
Printed Name

239  
Area Code

313 9468  
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 16<sup>th</sup> day of December 2023

Angela L. Watson  
Signature

My Commission expires 12/02/2026  
MO. DAY YR.

Rock Copeland  
Signature of Candidate

Rock Copeland  
Printed Name

814  
Area Code

460-2889  
Daytime Telephone Number

Notary Seal  
 Commonwealth of Pennsylvania - Notary Public  
 Angela L. Watson, Notary Public  
 Erie County  
 My commission expires December 2, 2026  
 Commission number 1425503  
 Member, Pennsylvania Association of Notaries

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

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	81.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	0
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	0

## Contributions Received From Political Committees

**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]	\$	
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 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:	
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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]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	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.

Filer Identification Number:	
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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:	
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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							

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							

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:	
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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**

Filer Identification Number	
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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)	\$

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

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

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)		\$
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SCHEDULE II  
PART F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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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]
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]
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]
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]
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]
Description of Contribution				

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

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

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Stripe				Date [MM/DD/YYYY]		\$		2.70	
								Multiple			
House #		Street Address				Description of Expenditure					
City				State				Zip Code			
										Stripe fee deduction from online donations	
To Whom Paid		Act Blue				Date [MM/DD/YYYY]		\$		1.23	
House #		Street Address				Description of Expenditure					
City				State				Zip Code			
										Act blue fee deduction from online donations	
To Whom Paid		Biroscak Printing				Date [MM/DD/YYYY]		\$		1,160.70	
House #		Street Address		Peach Street		Description of Expenditure					
City		Erie		State		PA		Zip Code		16502	
										Mailer Printing	
To Whom Paid		Facebook				Date [MM/DD/YYYY]		\$		74.74	
House #		Street Address				Description of Expenditure					
City				State				Zip Code			
										Online Ads	
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address				Description of Expenditure					
City				State				Zip Code			
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address				Description of Expenditure					
City				State				Zip Code			
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address				Description of Expenditure					
City				State				Zip Code			
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address				Description of Expenditure					
City				State				Zip Code			

## Facebook multiple transaction detail

Post Date	Customer Ref	Debit	Detail
11/3/2023	FACEBK MMMD92UC92 Me	35	POS PURCHASE FACEBK MMMD92UC92 Menlo Park999999 *****4555 11/03 02:45
11/6/2023	FACEBK XLIRATXB92 Me	35	POS PURCHASE FACEBK XLIRATXB92 Menlo Park999999 *****4555 11/05 02:56
11/7/2023	FACEBK DHRBQSKC92 Me	4.74	POS PURCHASE FACEBK DHRBQSKC92 Menlo Park999999 *****4555 11/06 22:22

## Act Blue / Stripe Mutiple Transaction Detail

Payout Datetime	Receipt ID	Txn Amount	Stripe Fee	Actblue Fee	Settlement	Recipient Committee
10/25/2023 0:00	AB263213684	\$25.00	\$0.78	\$0.38	\$23.84	Friends Of Rock Copelan
11/1/2023 0:00	AB267626438	\$25.00	\$0.78	\$0.38	\$23.84	Friends Of Rock Copelan
11/7/2023 0:00	AB263977432	\$6.00	\$0.36	\$0.09	\$5.55	Friends Of Rock Copelan
11/27/2023 0:00	AB263213684	\$25.00	\$0.78	\$0.38	\$23.84	Friends Of Rock Copelan

**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:	
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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						