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

Filer Identification Number	Report Filed By Ca (Mark X)	ndidate	Committee	Lobbyist		
Name of Filing Committee, Candidate or Lobbyist	Friends of Chris Drexel	ann	Topode sycroprocure access a description and a second and a second and a second as a second as a second and a second a second and a second a second and a second			
Street Address	2713 Nagle Rd		,			
City Erie	St	PA PA	Zip Code 16510			
Type of Report (Place x under report type)		•		-		
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday 5-2 nd Fr Pre-Election Pre-Ele		7- Annual Special 2 nd Friday Pre-Election	/ Special 30 Day Post-Election		
cre-rimary cre-rimary Finitary	rie-clection rie-cle					
Date Of Election	Year	Amendment	Termination			
{IMM/DD/YYYY} 11/07/2023	2023		Report			
Summary of Receipts and From Date Expenditures	To Date		For Office Use Only			
10/23/2023	11/27/2023			e programme de la companya de la co		
A. Amount Brought Forward From Last Report	7,518.53		e grow	~3		
B. Total Monetary Contributions and Receipts (From Schedule I)	17,725		전호 	2023 DEC		
C. Total Funds Available (Sum of Lines A and B)	\$ 25,243.53		1.12 (1.12) 1.12 (1.12)	Ë		
D. Total Expenditures (From Schedule III)	\$ 15,953.04			on on		
E. Ending Cash Balance (Subtract Line D from Line C)	9,290.49		A THE STATE OF THE	70		
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 9,083.02			PH I2: 02		
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 20,176.79		. •			
		avit Section				
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attac				lete.		
Sworn to and subscribed before me this	oned somedates on paper, is		de la contraction de la contra			
day of20	- '1	1-1.				
	_	Signature Peter Frank	e of Person Submitting report			
Signature	, 1		Printed Name			
My Commission expires MO. DAY YR.	_	814	897-5674			
		Area Code	Daytime Telephone Num	ıncı		
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		No	·	\supset		
day of20	- '1		X			
	_	Chris Drexel	nature of Candidate			
Signature ·	. 1	C	Printed Name			
My Commission expires MO. DAY YR.	_	814 Area Code	504-4108 Daytime Telephone Numb	ner		
MO. DAT TO.		Fire code	Daysine releptions Numb	 -		



SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 25
2. Contributions of \$50,01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 200
Total for the reporting period (2)	\$ 200
	1
3. Contributions Over \$250.00 (From Part C and Part D)	
3. Contributions Over \$250.00 (From Part C and Part D) Contributions Received from Political Committees (Part C)	\$ 17,500
	\$ 17,500 0
Contributions Received from Political Committees (Part C)	
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)	\$ 0
Contributions Received from Political Committees (Part C) All Other Contributions (Part D) Total for the reporting period (3)	\$ 0



PART A

Contributions Received From Political Committees

N/A

\$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	5		Date [MM/DD/YYYY] S	•
House # Str	eet Address		Date [MM/DD/YYYY] S	-
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Str	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	eet Address	. -	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Str	eet Address	•	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee		,	Date [MM/DD/YYYY] \$	
House # Stri	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] .\$,
	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	

All Other Contributions

\$50.01 TO \$250

See Attached

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 Contributor			Date [MM/DD/YYYX] S	
House# Street	1 Addréss		Date [MIM/DD/YYYY] S	
CAN CONTROL CO	State	Zip Code	Date [WM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	t Address		Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	rt Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	t Addréss		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYXX] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	ť Aðdress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/XXXX] \$	
Full Name of Contributor			Date [MAM/DD/YYYY] \$	
	t Address		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	



Date	Cont	ribution	First Name	Last Name	Address	City	State	ZIP
10/26/2023	\$	100.00	Paul	Susko	5501 Dobler Rd	Erie	PA	16417
10/26/2023	\$	100.00	Douglas	Watts	12663 Forrest Dr	Edinboro	PA	16412
	\$	200.00			-			

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PART C

Contributions Received From Political Committees

See Attached

Over \$250.00

Filer Identification Number

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

				·
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date (MIA/DD/YYYY) \$	
Full Name of Contributing Committee	Stable and Profession	Commentation of the Comment	Date (MM/DD/YYYY) S	
House # Street	Address		Date [MM/DD/YYYY]	_
City	State	Zip Cude	Date [MM/JDD/VVVV] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House# Street	Address		Date [MIN/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street #			Date [MM/DD/YYYY] \$	
City Full Name of	State	Zip Code	Date [MM/DD/YYYY] \$	
Contributing Committee	188921118		Date [MM/DD/YYYY] \$	
House # Street A		48444110241106841010	Date [MM/DD/YYYY] S	
City Full Name of	State	Zip Code	Date [MM/DD/YYYY] \$	
Contributing Committee				
			Date [MM/DD/YYYY] \$	
City	State	žip Code	Date [MM/DD/YYYY] \$	

Date	Contribution	Name	Address	City	State	ZIP
10/27/2023	\$ 13,000.00	Democracy FIRST PAC	611 Pennsylvania Ave SE, #143	Washington	DC	20003
11/22/2023	\$ 4,500.00	Pennsylvania Democratic Party	510 N. Third Street	Harrisburg	PA	17101
	\$ 17,500.00					

All Other Contributions

N/A

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)

andring her and the head described the state of the state			
Full Name of Contributor			Date IMM/DD/YYYY \$
House # Street Address			Date [MM/DD/YYYY] \$
City Employer Name	State	Ap tode	Date (MM/DD/YYYY) S
Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor			Date [MM/Dio/YYYY]\$
House # Street Address			Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] S Decupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] // \$
Hause# Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business	.		Occupation

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:				
Full Name House # Sir	gev Address			
City	eet Address	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description Full Name				
House # Str	eet Address	Name Automatica Santaga	* 1852/32/37/37/37/37/3	
City Receipt Description		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name House # Str				
City	eet Address	State	Zip Cotte	Date [MM/DD/YYYY]/ S
Receipt Description				
	est Address			
City Receipt Description		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name			·	
House # Str. City	eet Address	State		Date [MM/DD/VVVI] 5
Receipt Description	·		Code	
Full Name House # Stre	eet Address			
City Receipt Description		State	Zip Code	Date [MM/DD/YYYY] S
			····	



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

CEIVED-VALUE OF \$50.00	OB	LESS PER CONTRIBUTOR
\$	0	
HZOF \$50/01/TO \$250/00/H		EM PARTE
<u>Gilmekalisatiin kasikastastastastastastastastastastastastasta</u>		
\$	C	0
\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	yayan an	
OVER \$250 DO (FROM PA)	de i	6)
\$		9,083.02
	_	
S THIS REPORTING \$		
, 2, and 3; also enter	i	9,083.02
	\$ OVER \$250.00 (FROM PA	\$ OVER \$250.00 (FROM PART) \$ THIS REPORTING, 2, and 3; also enter



SCHEDULE II PART F

Filer Identification Number:

In-Kind Contributions Received



VALUE OF \$50.01 TO \$250

Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House if	Street Address			Date [MM/DD/YYYY]	\$
Description of Contri		State	Zip Code	Date [MM/DD/YYYY]	*
Full Name of Contrib	ukcit			Date [MM/OD/XXXX]	\$
House #	Street Address			Date [MM/DD/YYY]	\$
City Description of Contri	pution	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contrib	dan			Date [MIV/DD/YYYY]	*
House #	Street Address	_		Date [MM/DD/YYYY]	\$
City Description of Contril		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu				Date (MM/DD/AVXX)	
House #	Street Address		.	Date [MM/DD/YYYY]	¥
City Description of Contrib		State	Zip Code	Date [IMM/DD/YYYY]	
Full Name of Contribu			·	Date [MM/DD/WYY]	
House #	Street Address	· · · · · ·	· .	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	LEMOR				



SCHEDULE II Part G

In-Kind Contributions Received

See Attached

VALUE	OVER	\$250

Filer Identification Number:

ikki iiki iiki iiki iiki iiki iiki iik		
ans or any other security of the security of t		
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] S
House # Street Address		Oate [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DB/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description ai Contribution
Full Name of Contributor		Date (MMA/DD/YYYY) \$
House # Street Address		Date [MM/DD/YYYY] S
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 (IMM/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 Address City State Zip Date Amount Description

DemocracyFIRST PAC 611 Pennsylvania Ave SE #143 Washington DC 20003 11/4/2023 \$ 9,083.02 digital ads



Statement of Expenditures

See Attached

iler Identification Number:		
	·	

To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		WINDSHIP AND THE WAR	Description of Expenditure
City distribution		State	Zip Code	
To Whom Paid				Date [MIVI/DD/YYYY] \$
House #	Street Address		V244730743000001742	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		Vertical (1997)	Description of Expenditure
		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		· ************************************	Description of Expenditure
		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
Hause#	Street Address		Village Coll Village Co	Description of Expenditure
City		State	Zip Corie	
To Whom Paid				Date [MM/DD/YYYY] S
House #	Street Address		V/WCBIIIIIIII	Description of Expenditure
		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	- Wellerina	V632501110011111	Description of Expenditure
CAN		State	Zip Code	4

To Whom Paid	Address	City	State Zip Date	Amount	Description
Stripe	354 Oyster Point Blv	d South San Francisco	354 Oyster Point Blvd South San Francisco CA 94080 10/27/2023 \$		0.78 Credit card processor fees for online contributions
ActBlue	366 Summer St	Somerville	MA 02144 10/27/2023 \$		0.38 Service fees for online contributions
Widget Financial	2154 E Lake Rd	Erie	PA 16511 10/27/2023 \$		15.00 Bank fee for receiving a wire transfer
Deliver Strategies,	PO Box 100970	Arlington	VA 22210 10/11/202	3 \$ 7,968.44	22210 10/11/2023 \$ 7,968.44 Postcard 3 production, shipping, postage
Deliver Strategies,	PO Box 100970	Arlington	VA 22210 10/11/202	3 \$ 7,968.44	22210 10/11/2023 \$ 7,968.44 Postcard 4 production, shipping, postage
				\$15,953.04	

Statement of Unpaid Debts

See Attached

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

City Description of Debt	et Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip Cope
City Description of Debt	Outstanding Balance of Debt Address
City Description of Debt	et Aritiress DATE DEBT INCURRED [MM/DD/YYVY] State Zip Code
Name of Creditor House # Street City Description of Debt	Outstanding Balance of Debt Outstanding Balance of Debt Outstanding Balance of Debt [MM/DD/YXYY] State Code
Name of Creditor House # Street City Description of Debt	et Address DATE DEBT INCURRED [MM/DD/YYYV] State Zip Code
Name of Creditor Flouse # Street City Description of Debt	DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code



					Date Debt Ou	Date Debt Outstanding Balance	
Name of Creditor	Address	City	State Zip	Zip	Incurred	of Debt	Description
Chris Drexel	2713 Nagle Rd	Erie	PA	16510	9/27/2023 \$	50.00	50.00 Paid for digital ads
Chris Drexel	2713 Nagle Rd	Erie	PA	16510	10/3/2023 \$	30.00	30.00 Paid for digital ads
Chris Drexel	2713 Nagle Rd	Erie	PA	16510	16510 10/4/2023 \$	308.45	308.45 Paid for food for fundraiser
Chris Drexel	2713 Nagle Rd	Erie	ΡA	16510	16510 10/12/2023 \$	20.00	50.00 Paid for content on local cable access channel
Deliver Strategies,	PO Box 100970 Arlington	Arlington	Κ.	22210	22210 10/24/2023 \$	7,445.67	7,445.67 Postcard 7 production, shipping, postage
Deliver Strategies,	PO Box 100970 Arlington	Arlington	Υ,	22210	22210 10/24/2023 \$	7,445.67	7,445.67 Postcard 8 production, shipping, postage
Deliver Strategies,	PO Box 100970 Arlington	Arlington	۲ ۲	22210	22210 10/23/2023 \$	4,487.50	4,487.50 Door hanger, production, shipping
Ad Specialty Solutions 38 Pinelake Dr Williamsville	s 38 Pinelake Dr	Williamsville	≥	14221	14221 4/15/2023 \$	191.50	191.50 Stickers
Ad Specialty Solutions 38 Pinelake Dr Williamsville	s 38 Pinelake Dr	Williamsville	ž	14221	8/25/2023 \$	168.00	168.00 Stickers
-					\$	20,176.79	



Name of Filing Committee, Candidate, or Lobbyist

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.

Reporting Cycle	Name				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	-	Cycle 4	☐ Cycle 5
6 th Tuesday	2 nd Friday	30 Day	6 th T	uesday	2 nd Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-l	Election	Pre-Election
Cycle 6	☐ Cycle 7	☐ Cycle 8	<u> </u>	□ Су	cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	al Election	30 Day Po	ost-Special Election
his form is submitt s submitted with a	ted with a Candid report by a cont	date report, the ca tributing lobbyist,	ndidate i the lobb	must sign l yist must s	nere. If this repo ign here.
his form is submitt s submitted with a declare under pei	ted with a Candid report by a cont nalty of perjury (date report, the ca tributing lobbyist, under the law of t	ndidate i the lobby he Comn true and	must sign h yist must s nonwealth I correct.	nere. If this repo ign here. n of Pennsylvani
his form is submitt s submitted with a declare under pei	ted with a Candid report by a cont nalty of perjury (date report, the ca tributing lobbyist, under the law of t	ndidate i the lobby he Comn true and	must sign l yist must s nonwealth	nere. If this repo ign here. n of Pennsylvan
his form is submitt s submitted with a declare under pei	ted with a Candid report by a com nalty of perjury in nying Campaign	date report, the ca tributing lobbyist, under the law of t Finance Report is	ndidate in the lobby the Communication true and	must sign h yist must s nonwealth I correct.	nere. If this repo ign here. n of Pennsylvan
Part I - If this form this form is submitted with a declare under perhat the accompanion of Trea Peter Frank	nalty of perjury on the control of the control of perjury on the control of the c	date report, the ca tributing lobbyist, under the law of t Finance Report is	ndidate i the lobb; he Comn true and 11/2	must sign hyist must s nonwealth correct.	nere. If this repo ign here. n of Pennsylvan DD/YYYY)

DSEB-502R Updated 1/5/2022



www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate 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

Date (MM/DD/YYYY)

Chris Drexel

Erie/PA/U.S.

11/28/2023

Printed Name

Location (City/State/Country)

DSEB-502R Updated 1/5/2022

