

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		Committee	X	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Friends of Chris Drexel								
Street Address	2713 Nagle Rd								
City	Erie	State	PA	Zip Code	16510				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
					X			
Date Of Election (MM/DD/YYYY)	11/07/2023	Year	2023	Amendment Report		Termination Report		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/23/2023	11/27/2023	
A. Amount Brought Forward From Last Report	\$	7,518.53	<div>2023 DEC -6 PM 12:02</div> <div>STATE OF PENNSYLVANIA</div> <div>NOTED FOR REGISTRATION</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	17,725	
C. Total Funds Available (Sum of Lines A and B)	\$	25,243.53	
D. Total Expenditures (From Schedule III)	\$	15,953.04	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	9,290.49	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	9,083.02	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	20,176.79	

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
Peter Frank
Printed Name

814 _____ 897-5674
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
Chris Drexel
Printed Name

814 _____ 504-4108
Area Code Daytime Telephone Number

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1. Unitemized 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
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	17,500
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	17,500
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
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)		\$	17,725

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				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.)

See
Attached

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]

Date	Contribution	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						

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.

See
Attached

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]

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					

PART D
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)

Elder 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

N/A

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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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 9,083.02

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)		\$ 9,083.02
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

N/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]
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

See
Attached

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		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		

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

SCHEDULE III
Statement of Expenditures

See
Attached

Filler Identification Number:	
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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		

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		

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		

SCHEDULE IV
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.

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




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				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input checked="" type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 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

Peter Frank
Printed Name

11/28/2023
Date (MM/DD/YYYY)

Erie/PA/U.S.
Location (City/State/Country)

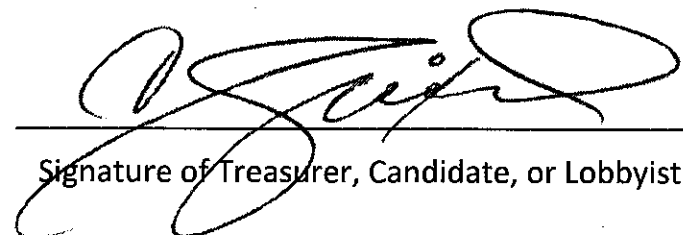


Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
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

Chris Drexel

Printed Name

11/28/2023

Date (MM/DD/YYYY)

Erie/PA/U.S.

Location (City/State/Country)