

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	92	-3202971	1 7	ort Filed B rk X)	y Candi	late		Committee		X	Lobbyist	
Name of Filing Comm Lobbyist	nittee, Ca	ndidate or	Friend	riends of Susannah Faulkner								
Street Address			1037	W. 4th St.					, ,,,,			
City	Erie				State	РА		Zip Code	16507			
Type of Report (Place	x under i	report type)										
1-6 <sup>th</sup> Tuesday 2- 2			1		5- 2 <sup>nd</sup> Friday	1	ay Post	7- Annual	Special 2 <sup>nd</sup>		Special 30	
Pre-Primary Pre-	Primary	Primary	Pre- E	lection	Pre- Electio	n Electic	n		Pre-Election	on .	Post-Elect	ion
Date Of Election (MM/DD/YYYY)		11/07/2023	Year		2023	Amend Report			Termination Report	on		
Summary of Receipts	s and	From Date		To Date	•			For	Office Use C	nly		
Expenditures		10/24/2023		11,	/27/2023						, 1. 1. (4)	
A. Amount Brought F	orward F	, ,	: \$		1,661.58				<u> </u>	175 (175 )	2023	
B. Total Monetary Co	ontributio	ns and Receipts	\$			-				#1975		
(From Schedule I) C. Total Funds Availa					144.00	4				en et en d en en et en ente en ente	[]	•
(Sum of Lines A and I	1 1		\$	1	,805.58					6.43.40	တ်	
D. Total Expenditure	S		\$		236.88					1, 4 pl 4 1, 100 0 pl 2 pl 10 0 pl 10 pl 1		
(From Schedule III) E. Ending Cash Balan	ce		\$								Ϋ́	
(Subtract Line D from				1	1,568.70					an en	Φ,	
F. Value of In-Kind Co (From Schedule II)	ontributio	ins Received	\$		190.00							
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns	\$		0							
(From Schedule 14)			<u></u>	2 3	Øfidavit S	ection			****			
Part 1- If this is a Comm	ittee repor	t, treasurer sign h	ere. If t	Octor Fan	dida toport	candidata c	ign here.	les and haliste.				
I swear (or affirm) that to Sworn to and subscribed day of Signat	d before m	e this	Liieu su	er on	n ger	e best of m	y knowieu <i>Ala</i>	ige and belief t	rue, correct ar	ia compie	ıe.	
day of D	cinb	<u>1/20 03</u>	_	ssior miss	E P		lust	Las	3			
Auch	X.1	Vator		lexp vlvan	Nats Nats	j	Signature	Person Subn	nitting report			
Signat	ture	,	_	ia As	Connis		- 12-10 1	Printed Nam	ne		_	
My Commission expires	12/	02/002	6	Decemb ber 1425 sociation	Avania - Notary I			8	14392	8514	<u>'</u>	
	MO. <sup>4</sup>	DĀY YR.		Decembers 14258	PR	Area Code		Day	ytime Telepho	ne Numbe	er	
Part II- If this is a report				ttee gand		here.	010to# ==	r provisiono of	the Ast of live	0 1027	D.I. 1222 NO.	220/
I swear (or affirm) that t amended.	o me best	oi my knowleage :	and Del	emis paoze	tical committe	e nas not Vi	olaced any	y provisions of 1	uie ACT <b>of June</b>	e 3, 1 <del>9</del> 3/ (	r.L. 1555, NO	.⊅∠U) as
Sworn to and subscribed	d before me	e this				$\circ$		1.0				
day of	CLNL	DUMO 03	- ¥	, W	Con	۷_	ww	white	ulv		_	
assa	Q	unto	ال المالية - المالية	Cal.	Commonwealth Angela L.		179 Sigh	nature of Candi	oate		_	
<b>/</b> Signat	ture	16/4000	,. T <u>e</u>		nonweal	Λ.		Printed Name	• • •		_	
My Commission expires	10/10	12/2026 DAY YR.	, T	Jissi m	[ <del>S</del>	Area Code	<u>*</u>		time Telepher	DA-D	9	
	IVIO.	DAI IN.	remisyre	Ene Commission expires	of Penns) Watson,	ALEA COUR		Баус	time Telephon	ie Mullipel		
				2 = 0 S								
				Dece Social	Ivania Notar							

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	92-3202971

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 144.00
2. Combility shows of CEO O1 to C2EO OO (From	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ •
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$
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)	\$ 144.00

#### 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.

	.				
·					Amount
Full Name of Contr Committee	ibuting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ibuting	l ·		Date [MM/DD/YYYY]	\$
House #	Street Address	<del></del>		Date [MM/DD/YYYY]	\$
City	. '	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ibuting	·		Date [MM/DD/YYYY]	\$
House #	Street Address	<u></u>		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ibuting	I.:I		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ibuting		1	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ibuting	1	1	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

# 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 C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Addre	SS		Date [MM/DD/YYYY] \$
City	[Section 1997)	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of C	ontributor	E-1		Date [MM/DD/YYYY] \$
House #	Street Addre	SS		Date [MM/DD/YYYY] \$
City	<u> 1432-24 - 137</u>	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of C	ontributor	(2.198 <u>/n.)</u>	1996 (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996)	Date [MM/DD/YYYY] \$
House #	Street Addre	SS	72	Date [MM/DD/YYYY] \$
City	<b> </b>	State.	Zip Code	Date [MM/DD/YYYY] \$
Full Name of C	ontributor	The second second	potrate and advisor of [	Date [MM/DD/YYYY] \$
House #	Street Addre	SS	<u>.</u>	Date [MM/DD/YYYY] \$
City	h. Arrestation of	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of C	ontributor		They are under the	Date [MM/DD/YYYY] \$
House #	Street Addre	55	W.A.	Date [MM/DD/YYYY] \$
City	<del>                                    </del>	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of C	ontributor	, .· I	and the second s	Date [MM/DD/YYYY] \$
House #	Street Addres	55		Date [MM/DD/YYYY] \$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$

#### PART C

### **Contributions Received From Political Committees**

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				Date [MM/DD/YYYY]	\$
Contributing Co	ommittee			(4.5% (1.5%)	<u>최원</u> (경기)   2인경기(   20년 전기
House #	Street Addre	aul		Date [MM/DD/YYYY]	)
nouse #	Sueet Addre	>3 			화하다.   30일
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				14 C
House#	Street Addre	ss	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b> \$
		State 1	A Section 1	Date (MIM/DD/11111)	
Full Name of	가지의 전상 전성 [MT]	1980年		Date [MM/DD/YYYY]	[20] [24]
Full Name of Contributing Co	mmittee			Date [MINI/DD/1111]	
40. 34V					
House #	Street Addre	ss		Date [MM/DD/YYYY]	S
		F CV Den			
City	[ Min Qui van 182 (4 18 19 19 19 19 1	State	Zip Code	Date [MM/DD/YYYY]	Ś
Full Name of				Date [MM/DD/YYYY]	Š
Contributing Co	mmittee				
House #	Street Addre	ss		Date [MM/DD/YYYY]	
			· ·	At the same of the	
City		State	Tin Code	Date [MM/DD/YYYY]	[\$5] [\$3]
CILY		State	Zip Code	Date [WW/DD/TITT]	( <b>) 3 %</b> 
Full Name of	A A CLER New 1913	<u> 24 0. c. (-c. (4</u>	for a service of the service	Date [MM/DD/YYYY]	1569
run Name of Contributing Co				Date [iwiw/DD/1111]	
House #	Street Addre	SS		Date [MM/DD/YYYY]	<b>S</b>
		M M			10.4% 10.0%
City		State	Zip Code	Date [MM/DD/YYYY]	* \$
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				
House #	Street Addre			Date [MM/DD/YYYY]	[6.6] [38]
IIVUSE W	Sueet Audre	; <del>3</del>		Sare failed boling in	
13 a 445 1446 (145		1			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
\$33d			Markey Carl		

## PART D

Filer Identification Number:

### **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)

Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
				(2015年) (2015年)	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u>[1, 1, 311   2 1, 12 2 3 ]   </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Maili Principal Place					
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	 			Date [MM/DD/YYYY] \$	
	2000				
City	100000000000000000000000000000000000000	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		المرود في المراجع المر		Occupation	
Employer Maili Principal Place					
Full Name of Co	1117 1 111 1 111 1 1 1 1 1 1 1 1 1 1 1			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Maili Principal Place				La describe L	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
					,
City	To taking the state of	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			10.144 F (a. 144	Occupation	<u> </u>
	ng Address /				
Principal Place	of Rusiness				

#### 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.

Full Name	<b>福本作者</b>			
	A 1975 33 20 3 32 20 3 3 4 5 4 6 1 5 1		···	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		The state of the s	Katabigo	[84]
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			1500年1月	
Full Name		,		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	9 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			N 3
Full Name				
House #	Street Address			
City	- [발표한 1225년(1225년) 2027년 - 2027년 -	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	9 (1967) 17 (1967) 17 (1967)			
House #	Street Address			
City	ASSESSMENT OF THE PROPERTY OF	State	Zip	Date [MM/DD/YYYY] \$
			Code	Date [www/DD/11-11]
Receipt Description		le min sin s	<u> </u>	12.1
Full Name				
House #	Street Address			
City	Seven Militari Martina	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1.4 *** 1	1 (17) (4 ) (1 ) (1 ) (1 ) (1 ) (1 ) (1 ) (1	<u> </u>

#### 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: 92-32029	71		
1. UNITEMIZED IN-KIND CONTRIE	BUTIONS RECEIVED-VALUE OF \$	50.00 (	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	190.00
2. IN-KIND CONTRIBUTIONS RECI	EIVED-VALUE OF \$50.01 TO \$250	),00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	VED-VALUE OVER \$250.00 (FRO	M PAF	τ <b>r G)</b>
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		\$	190.00

## SCHEDULE II PART F

## **In-Kind Contributions Received**

**VALUE OF \$50.01 TO \$250** 

Filer Identification Number:

Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	V.
House #	Street Addre	ss		Date [MM/DD/YYYY] \$	<u> </u>
					6 (1
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of (	Contribution		[ 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-·····································	
Full Name of Co	ontributor	y a lateger of the		Date [MM/DD/YYYY] \$	
					rs Ar
House #	Street Addre	SS S		Date [MM/DD/YYYY] \$	<u>5</u> 28 4
					4   6   6   6   6   6   6   6   6   6
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Description of (	Contribution			- I IVAN	1
ull Name of Co	ontributor			Date [MM/DD/YYYY] \$	
louse #	Street Addre	ss		Date [MM/DD/YYYY] \$	<u>경</u> 2 영
				Test	) 음
City	La la Halla Mara Africa	State	Zip Code	Date [MM/DD/YYYY] \$	
		134 A 5 m 1 135 5 135			61 73 73
escription of (	Contribution				
ull Name of Co	ontributor	-		Date [MM/DD/YYYY] \$	
louse #	Street Addre	SS		Date [MM/DD/YYYY] \$	e F
		123 44 5			
lity		State	Zip Code	Date [MM/DD/YYYY] \$	
accription of (	Contribution				<u> </u>
		Magazia Agricultur			
ull Name of Co	ontributor			Date [MM/DD/YYYY] \$	
louse #	Street Addre	ss		Date [MM/DD/YYYY] \$	
			, p <sup>a</sup> l <sub>tot</sub>	Ä	
lity		State	Zip Code	Date [MM/DD/YYYY] \$	
3.00 8.90 E		187	I may at the little of the lit	1 1 3	' I

# SCHEDULE II Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number:	
Full Name of Contributor	Date IMM/DD/yyyy1 11 5 4 \$ 4

Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			<u> </u>	Occupation
Place of Busines				Description of Contribution
Full Name of Co	intributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailir Place of Busines	ng Address / Principal ss	288 307 308 308 308 308 308 308 308 308 308 308		Description of Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
				6 (6) 6 (6) 6 (6)
House #	Street Address			Date [MM/DD/YYYY] \$
	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # City Employer Name		State	Zip Code	
House # City Employer Name	ng Address / Principal	State	Zip Code	Date [MM/DD/YYYY] \$
House #  City  Employer Name  Employer Mailir	ng Address / Principal	State	Zip Code	Date [MM/DD/YYYY] \$  Occupation  Description of
House #  City  Employer Name  Employer Maillir Place of Busines	ng Address / Principal	State	Zip Code	Date [MM/DD/YYYY] \$  Occupation  Description of Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
House #  City  Employer Name Employer Mailir Place of Busines  Full Name of Co  House #	ng Address / Principal 55 intributor Street Address	State	Zip Code	Date [MM/DD/YYYY] \$  Occupation  Description of Contribution  Date [MM/DD/YYYY] \$
House #  City  Employer Name Employer Mailir Place of Busines  Full Name of Co  House #  City  Employer Name	ng Address / Principal 55 intributor Street Address	State		Date [MM/DD/YYYY] \$  Occupation  Description of Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$

# Statement of Expenditures

Filer Identification Number:	
	92-3202971

To Whom Paid				Date [MM/DD/YYYY] \$	
	Mighty Fine Donuts			10/25/2023 35.87	
House # 2612	Street Address Pa	rade Street		Description of Expenditure	
City Erie		State PA	Zip Code 16504	Donuts for outreach event	
To Whom Paid			· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
	Ember + Forge			10/25/2023 22.00	
House # 401	Street Address Sta	ate Street		Description of Expenditure	
City Erie		<b>State</b> PA	Zip Code 16507	Coffee for outreach event	
To Whom Paid		.f	Date [MM/DD/YYYY] \$		
	Faulkner's Screenprint	ing		10/26/2023	
House # 123	10use # 123 Street Address Main Street West			Description of Expenditure	
<b>City</b> Girard	C <b>ity</b> Girard		Zip Code 16417	Campaign t-shirts	
To Whom Paid				Date [MM/DD/YYYY] \$	
	UPS Store #5271			11/6/2023 69.01	
House # 707	Street Address W	38th Street		Description of Expenditure	
City Erie	City Erie		Zip Code 16508	Flyers for election day	
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	House # Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid	995 14.3 15.			Date [MM/DD/YYYY] \$	
House #	House # Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure		
City	1	State	Zip Code		
To Whom Paid		1877 8-2	Coue	Date [MM/DD/YYYY] \$	
				Sace family Splitter 4	
House #	Street Address			Description of Expenditure	
City		State	Zip		
THE STATE OF		JLGLC	Code		

#### **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.

Name of Credito		***		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	ebt.		<u>  [                                   </u>	
Name of Credito	Outstanding Balance of Debt			
House #	Street Address	11. 10 14. 10 14. 10 14. 10 14. 10	DATE DEBT INCURRED [MM/DD/YYYY]	•
City		State	Zip Code	
Description of De	ebt			
Name of Credito	Programme Comment	****		Outstanding Balance of Debt
House #	Street Address	1874 1872 1873 1873	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	e <b>bt</b>			
Name of Creditor	† 5 % (1 % ) (1 % )			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City  Description of De		State	Zip Code	
Description of De	<b>:01</b>			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	746 112	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	<b>≥bt</b>			
grupping attended to the best of				Outstanding Balance of Debt
Name of Creditor	Service from the contract of t	[	DATE DEBT INCURRED	<b>\$</b> ]
Name of Creditor House #	Street Address		[MM/DD/YYYY]	# <b>%</b> 7