

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	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT TERRY M. SCUTELLA			
Street Address	4055 WEST 30TH STREET			
City	ERIE	State	PA	Zip Code
16506				

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
<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 checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date
	10/24/2023	11/27/2023
A. Amount Brought Forward From Last Report	\$	2163.07
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	- 0 -
C. Total Funds Available (Sum of Lines A and B)	\$	2163.07
D. Total Expenditures (From Schedule III)	\$	2163.07
E. Ending Cash Balance (Subtract Line D from Line C)	\$	- 0 -
F. Value of In-Kind Contributions Received (From Schedule II)	\$	- 0 -
G. Unpaid Debts and Obligations (From Schedule IV)	\$	- 0 -

For Office Use Only

2023 DEC -4 PM 2:23
ERIE COUNTY
VOTER REGISTRATION

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

4th day of December 2023

Commonwealth of Pennsylvania - Notary Seal

KELLI PHILLIPS, NOTARY PUBLIC

Erie County

My Commission Expires October 21, 2027

Commission Number 1202339

Signature

My Commission expires

MO.

DAY

YR.

814

Area Code

384 0441

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

4th day of December 20 23

Signature

My Commission expires

MO.

DAY

YR.

814

Area Code

746-0773

Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
KELLI PHILLIPS, NOTARY PUBLIC
Erie County
My Commission Expires October 21, 2027
Commission Number 1202339

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)

\$

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)

\$

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											
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Full Name of Contributing Committee										Amount		
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										Date [MM/DD/YYYY]	\$	
										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 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]	\$		
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]	\$

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:

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)	\$

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

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
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: _____

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

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

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

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

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$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]		\$
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		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:

To Whom Paid		ROSS NOTARY			Date [MM/DD/YYYY]	\$	24.00
House #	2670	Street Address	WEST 12TH STREET		Description of Expenditure		
City	ENIE	State	PA	Zip Code	16505	NOTARY FEE	
To Whom Paid		GANNETT/ENIE TIMES			Date [MM/DD/YYYY]	\$	675.00
House #	205	Street Address	WEST 12TH STREET		Description of Expenditure		
City	ENIE	State	PA	Zip Code	16534	ADVERTISING	
To Whom Paid		CALI'S WEST CATERING			Date [MM/DD/YYYY]	\$	509.58
House #	1313	Street Address	HARPER DRIVE		Description of Expenditure		
City	ENIE	State	PA	Zip Code	16505	ELECTION NIGHT FOOD	
To Whom Paid		HOLY TRINITY USHERS			Date [MM/DD/YYYY]	\$	55.00
House #	650	Street Address	EAST 23RD STREET		Description of Expenditure		
City	ENIE	State	PA	Zip Code		PRE ELECTION EVENT	
To Whom Paid		JAMES BARR			Date [MM/DD/YYYY]	\$	500.00
House #	626	Street Address	VERMONT AVENUE		Description of Expenditure		
City	ENIE	State	PA	Zip Code	16505	ACCOUNTING	
To Whom Paid		LINDSEY SCUTELLA			Date [MM/DD/YYYY]	\$	240.00
House #	626	Street Address	VERMONT AVENUE		Description of Expenditure		
City	ENIE	State	PA	Zip Code	16505	MARKETING	
To Whom Paid		TERNY SCUTELLA			Date [MM/DD/YYYY]	\$	154.49
House #	4055	Street Address	WEST 30TH STREET		Description of Expenditure		
City	ENIE	State	PA	Zip Code	16506	REIMBURSEMENT - ELECTION NIGHT PARTY	
To Whom Paid		ENIE FEDERAL CREDIT UNION			Date [MM/DD/YYYY]	\$	5.00
House #	1005	Street Address	GREEN GARDEN ROAD		Description of Expenditure		
City	ENIE	State	PA	Zip Code	16501	SAVINGS ACCT. FEE	

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							