



Reset Form

Print Form

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)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Tenderr Lee Little								
Street Address	10253 Old Route 99								
City	McKean	State	PA	Zip Code	16426				

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	May 20, 2025		Year	2025		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	January 2025	May 2025	
A. Amount Brought Forward From Last Report	\$	0	<div>2025 MAY 13 AM 10:24 ERIE COUNTY VOTER REGISTRATION</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	262.68	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	262.68	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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____

SignatureMy Commission expires _____
MO. DAY YR._____
Signature of Person Submitting report
Tenderr Lee Little_____
Printed Name814 490-2972
Area Code Daytime Telephone NumberPart 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____

SignatureMy Commission expires _____
MO. DAY YR._____
Signature of Candidate_____
Printed Name_____
Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	NA
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	NA
All Other Contributions (Part B)	\$	NA
Total for the reporting period	(2)	\$ NA

3. Contributions Over \$250.00 (From Part C and Part D)
--

Contributions Received from Political Committees (Part C)	\$	NA
All Other Contributions (Part D)	\$	NA
Total for the reporting period	(3)	\$ NA

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)
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Total for the reporting period	(4)	\$	NA
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>		\$	NA

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		NA									
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											Amount
Full Name of Contributing Committee		NA					Date [MM/DD/YYYY]		\$	NA	
		NA									
House #	NA	Street Address		NA			Date [MM/DD/YYYY]		\$	NA	
City	NA			State	NA	Zip Code	NA		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee		NA					Date [MM/DD/YYYY]		\$	NA	
		NA									
House #	NA	Street Address		NA			Date [MM/DD/YYYY]		\$	NA	
City	NA			State	NA	Zip Code	NA		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee		NA					Date [MM/DD/YYYY]		\$	NA	
		NA									
House #	NA	Street Address		NA			Date [MM/DD/YYYY]		\$	NA	
City	NA			State	NA	Zip Code	NA		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee		NA					Date [MM/DD/YYYY]		\$	NA	
		NA									
House #	NA	Street Address		NA			Date [MM/DD/YYYY]		\$	NA	
City	NA			State	NA	Zip Code	NA		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee		NA					Date [MM/DD/YYYY]		\$	NA	
		NA									
House #	NA	Street Address		NA			Date [MM/DD/YYYY]		\$	NA	
City	NA			State	NA	Zip Code	NA		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee		NA					Date [MM/DD/YYYY]		\$	NA	
		NA									
House #	NAN	Street Address		NA			Date [MM/DD/YYYY]		\$	NA	
City	NA			State	NA	Zip Code	NA		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee		NA					Date [MM/DD/YYYY]		\$	NA	
		NA									
House #	NA	Street Address		NA			Date [MM/DD/YYYY]		\$	NA	
City	NA			State	NA	Zip Code	NA		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	NA
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
NA					NA			NA
House #	NA	Street Address			Date [MM/DD/YYYY]		\$	
		NA			NA			NA
City	NA	State	NA	Zip Code	Date [MM/DD/YYYY]		\$	
				NA	NA			NA
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
NA					NA			NA
House #	NA	Street Address			Date [MM/DD/YYYY]		\$	
		NA			NA			NA
City	NA	State	NA	Zip Code	Date [MM/DD/YYYY]		\$	
				NA	NA			NA
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
NA					NA			NA
House #	NA	Street Address			Date [MM/DD/YYYY]		\$	
		NA			NA			NA
City	NA	State	NA	Zip Code	Date [MM/DD/YYYY]		\$	
				NA	NA			NA
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
NA					NA			NA
House #	NA	Street Address			Date [MM/DD/YYYY]		\$	
		NA			NA			NA
City	NA	State	NA	Zip Code	Date [MM/DD/YYYY]		\$	
				NA	NA			NA
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
NA					NA			NA
House #	NA	Street Address			Date [MM/DD/YYYY]		\$	
		NA			NA			NA
City	NA	State	NA	Zip Code	Date [MM/DD/YYYY]		\$	
				NA	NA			NA
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
NA					NA			NA
House #	NA	Street Address			Date [MM/DD/YYYY]		\$	
		NA			NA			NA
City	NA	State	NA	Zip Code	Date [MM/DD/YYYY]		\$	
				NA	NA			NA

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:	NA
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Full Name of Contributing Committee					NA		Date	MM/DD/YYYY	S	NA
House #					NA		Street Address		NA	
City					NA		State	NA	Zip Code	NA
Full Name of Contributing Committee					NA		Date	MM/DD/YYYY	S	NA
House #					NA		Street Address		NA	
City					NA		State	NA	Zip Code	NA
Full Name of Contributing Committee					NA		Date	MM/DD/YYYY	S	NA
House #					NA		Street Address		NA	
City					NA		State	NA	Zip Code	NA
Full Name of Contributing Committee					NA		Date	MM/DD/YYYY	S	NA
House #					NA		Street Address		NA	
City					NA		State	NA	Zip Code	NA
Full Name of Contributing Committee					NA		Date	MM/DD/YYYY	S	NA
House #					NA		Street Address		NA	
City					NA		State	NA	Zip Code	NA
Full Name of Contributing Committee					NA		Date	MM/DD/YYYY	S	NA
House #					NA		Street Address		NA	
City					NA		State	NA	Zip Code	NA
Full Name of Contributing Committee					NA		Date	MM/DD/YYYY	S	NA
House #					NA		Street Address		NA	
City					NA		State	NA	Zip Code	NA
Full Name of Contributing Committee					NA		Date	MM/DD/YYYY	S	NA
House #					NA		Street Address		NA	
City					NA		State	NA	Zip Code	NA
Full Name of Contributing Committee					NA		Date	MM/DD/YYYY	S	NA
House #					NA		Street Address		NA	
City					NA		State	NA	Zip Code	NA
Full Name of Contributing Committee					NA		Date	MM/DD/YYYY	S	NA
House #					NA		Street Address		NA	
City					NA		State	NA	Zip Code	NA

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]		S		
TENDERR LEE LITTLE					02/21/2025				262.68
House #		Street Address			Date [MM/DD/YYYY]		S		
10253		OLD ROUTE 99			NA				NA
City		State		Zip Code		Date [MM/DD/YYYY]		S	
MCKEAN		PA		16426		NA			
Employer Name					Occupation				
MCKEAN TOWNSHIP					CLERICAL				
Employer Mailing Address/ Principal Place of Business									
9231 EDINBORO ROAD POB 62 MCKEAN PA 16426									

Full Name of Contributor					Date [MM/DD/YYYY]		S		
NA					NA				NA
House #		Street Address			Date [MM/DD/YYYY]		S		
NA		NA			NA				NA
City		State		Zip Code		Date [MM/DD/YYYY]		S	
NA		NA		NA		NA			
Employer Name					Occupation				
NA					NA				
Employer Mailing Address/ Principal Place of Business									
NA									

Full Name of Contributor					Date [MM/DD/YYYY]		S		
NA					NA				NA
House #		Street Address			Date [MM/DD/YYYY]		S		
NA		NA			NA				NA
City		State		Zip Code		Date [MM/DD/YYYY]		S	
NA		NA		NA		NA			
Employer Name					Occupation				
NA					NA				
Employer Mailing Address/ Principal Place of Business									
NA									

Full Name of Contributor					Date [MM/DD/YYYY]		S		
NA					NA				NA
House #		Street Address			Date [MM/DD/YYYY]		S		
NA		NA			NA				NA
City		State		Zip Code		Date [MM/DD/YYYY]		S	
NA		NA		NA		NA			
Employer Name					Occupation				
NA					NA				
Employer Mailing Address/ Principal Place of Business									
NA									

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		NA					
House #	NA	Street Address		NA			
City	NA	State	NA	Zip Code	NA	Date [MM/DD/YYYY]	NA
Receipt Description		NA					
Full Name		NA					
House #	NA	Street Address		NA			
City	NA	State	NA	Zip Code	NA	Date [MM/DD/YYYY]	NA
Receipt Description		NA					
Full Name		NA					
House #	NA	Street Address		NA			
City	NA	State	NA	Zip Code	NA	Date [MM/DD/YYYY]	NA
Receipt Description		NA					
Full Name		NA					
House #	NA	Street Address		NA			
City	NA	State	NA	Zip Code	NA	Date [MM/DD/YYYY]	NA
Receipt Description		NA					
Full Name		NA					
House #	NA	Street Address		NA			
City	NA	State	NA	Zip Code	NA	Date [MM/DD/YYYY]	NA
Receipt Description		NA					
Full Name		NA					
House #	NA	Street Address		NA			
City	NA	State	NA	Zip Code	NA	Date [MM/DD/YYYY]	NA
Receipt Description		NA					

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

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

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

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)		\$ NA
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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]		S	
NA					NA			
House #	NA	Street Address	NA		Date: [MM/DD/YYYY]		S	
					NA			
City	NA	State	NA	Zip Code	NA	Date: [MM/DD/YYYY]	S	
						NA		
Description of Contribution			NA					

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

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

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

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

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	
------------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]		S	
NA					NA			
House #	NA	Street Address	NA		Date [MM/DD/YYYY]		S	NA
				NA				
City	NA	State	NA	Zip Code	NA	Date [MM/DD/YYYY]	S	NA
				NA				
Employer Name			NA			Occupation	NA	
Employer Mailing Address / Principal Place of Business			NA			Description of Contribution	NA	
Full Name of Contributor					Date [MM/DD/YYYY]		S	NA
NA					NA			
House #	NA	Street Address	NA		Date [MM/DD/YYYY]		S	NA
				NA				
City	NA	State	NA	Zip Code	NA	Date [MM/DD/YYYY]	S	NA
				NA				
Employer Name			NA			Occupation	NA	
Employer Mailing Address / Principal Place of Business			NA			Description of Contribution	NA	
Full Name of Contributor					Date [MM/DD/YYYY]		S	NA
NA					NA			
House #	NA	Street Address	NA		Date [MM/DD/YYYY]		S	NA
				NA				
City	NA	State	NA	Zip Code	NA	Date [MM/DD/YYYY]	S	NA
				NA				
Employer Name			NA			Occupation	NA	
Employer Mailing Address / Principal Place of Business			NA			Description of Contribution	NA	
Full Name of Contributor					Date [MM/DD/YYYY]		S	NA
NA					NA			
House #	NA	Street Address	NA		Date [MM/DD/YYYY]		S	NA
				NA				
City	NA	State	NA	Zip Code	NA	Date [MM/DD/YYYY]	S	N
				NA				
Employer Name			NA			Occupation	NA	
Employer Mailing Address / Principal Place of Business			NA			Description of Contribution	NA	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	SIGNS ON THE CHEAP (ONLINE COMPANY)				Date [MM/DD/YYYY]	02/21/2025	\$	262.68
House #		Street Address	https://www.signsonthecheap.com/contactus		Description of Expenditure			
City		State		Zip Code	POLITIAL SIGNS			
To Whom Paid	NA				Date [MM/DD/YYYY]	NA	\$	NA
House #	NA	Street Address	NA		Description of Expenditure			
City	NA	State	NA	Zip Code	NA			
To Whom Paid	NA				Date [MM/DD/YYYY]	NA	\$	NA
House #	NA	Street Address	NA		Description of Expenditure			
City	NA	State	NA	Zip Code	NA			
To Whom Paid	NA				Date [MM/DD/YYYY]	NA	\$	NA
House #	NA	Street Address	NA		Description of Expenditure			
City	NA	State	NA	Zip Code	NA			
To Whom Paid	NA				Date [MM/DD/YYYY]	NA	\$	NA
House #	NA	Street Address	NA		Description of Expenditure			
City	NA	State	NA	Zip Code	NA			
To Whom Paid	NA				Date [MM/DD/YYYY]	NA	\$	NA
House #	NA	Street Address	NA		Description of Expenditure			
City	NA	State	NA	Zip Code	NA			
To Whom Paid	NA				Date [MM/DD/YYYY]	NA	\$	NA
House #	NA	Street Address	NA		Description of Expenditure			
City	NA	State	NA	Zip Code	NA			
To Whom Paid	NA				Date [MM/DD/YYYY]	NA	\$	NA
House #	NA	Street Address	NA		Description of Expenditure			
City	NA	State	NA	Zip Code	NA			

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 #	NA	Street Address	NA	DATE DEBT INCURRED [MM/DD/YYYY]		S	NA
				NA			
City	NA	State	NA	Zip Code	NA		
Description of Debt						NA	

Name of Creditor						Outstanding Balance of Debt	
House #	NA	Street Address	NA	DATE DEBT INCURRED [MM/DD/YYYY]		S	NA
				NA			
City	NA	State	NA	Zip Code	NA		
Description of Debt						NA	

Name of Creditor						Outstanding Balance of Debt	
House #	NA	Street Address	NA	DATE DEBT INCURRED [MM/DD/YYYY]		S	NA
				NA			
City	NA	State	NA	Zip Code	NA		
Description of Debt						NA	

Name of Creditor						Outstanding Balance of Debt	
House #	NA	Street Address	NA	DATE DEBT INCURRED [MM/DD/YYYY]		S	NA
				NA			
City	NA	State	NA	Zip Code	NA		
Description of Debt						NA	

Name of Creditor						Outstanding Balance of Debt	
House #	NA	Street Address	NA	DATE DEBT INCURRED [MM/DD/YYYY]		S	NA
				NA			
City	NA	State	NA	Zip Code	NA		
Description of Debt						NA	

Name of Creditor						Outstanding Balance of Debt	
House #	NA	Street Address	NA	DATE DEBT INCURRED [MM/DD/YYYY]		S	NA
				NA			
City	NA	State	NA	Zip Code	NA		
Description of Debt						NA	



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

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

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				
TENDERR LEE LITTLE				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input checked="" 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 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

TENDERR LEE LITTLE

Printed Name

05/13/2025

Date (MM/DD/YYYY)

MCKEAN PA UNITED STATES

Location (City/State/Country)