

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Report Filed By Candid Number (Mark X) Name of Filing Committee, Candidate or Lobbyist			Committee	X	Lobbyist	
Street Address	938 Colony		<u> </u>			
City Erie		State	PA	Zip Code	16505	
Type of Report (Place x under report type)	_			有品质物 种		
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post	4- 6th Tuesd	y 5- 2 nd Friday	6-30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Primary Primary	Pre- Election		Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY) 05/18/2021	Year	2021	Amendment Report		Termination Report	
Summary of Receipts and From Date	To D	ate	i da din sengarakan Kacamatan din sebagai	For C	ffice Use Only	- I S Y Z S C S S S S S S S S S S S S S S S S S
Expenditures 01/01/21		05/03/2021	A SECULAR OFF			
A. Amount Brought Forward From Last Report	\$	0				
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1476.84				
C. Total Funds Available (Sum of Lines A and B)	\$	1476.84			where the second se	
D. Total Expenditures {From Schedule III)	\$	0				
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1476.84				M 0:21
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1313.21			Land George	2
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0			ئىمى ئەلەپ	inda inda
Part 1- If this is a Committee report, treasurer sign he	re If this is a C	Affidavit Sec	tion			
I swear (or affirm) that this report, including the attac	hed schedules	on paper, is to the I	pest of my knowled	ge and belief tru	e, correct and comple	te.
Sworn to and subscribed before me this		*	0.	n 14		
day of20	- '1	_	Signature	of Person Submit	ting report	<u> </u>
Signature	. Ի	<u> </u>	zabeth C. Nawroc	ki		
	. •	81	4	Printed Name		
My Commission expires MO. DAY YR.	-		rea Code	528-1 Davti	me Telephone Numbe	 er
Part II. If this is a report of a Candidate's Buth privated						··
Part II- If this is a report of a Candidate's Authorized C I swear (or affirm) that to the best of my knowledge at amended.	nd belief this p	ididate shall sign he olitical committee h	re. as not violated any	provisions of the	e Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20	. 1		<u> </u>			
		·	Signa	iture of Candida	te	
Signature	, 1	 ,	F	rinted Name		_
My Commission expires MO. DAY YR.	-		0-1			
MO. DAY YR.		Ar	ea Code	Daytim	e Telephone Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

	 		·
Filer Identification Number			
And the property of the second	 	 	

1.Unitermized Contributions and Receipts-\$50:00 or Less per Contributor		
Total for the reporting period (1)	\$	669.52
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)	\$	307.32
Total for the reporting period (2)	\$	307.32
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	500
All Other Contributions (Part D)	\$	0
Total for the reporting period (3) \$	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, Repor Cover Page, Item B)	t \$	1476.84

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 Co Committee	ontributing			Date [MM/DD/YYYY] 5	_
					_
House #	Street Address		·	Date [MM/DD/YYYY] \$	
Tr. 17 %		- L	To reposit to the		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	[\$7 9 79]		Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				· Department of the Property Conference Co	_
Full Name of Co	intributing			Date [MM/DD/YYYY] 5	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntribution and	TYTE WED.		Dass fasse his found	
Committee				Date [MM/DD/YYYY] \$	
House #	Street Address		·	Date [MM/DD/YYYY] \$	
City	with the west of the part of the	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
		1 x = 0 x x x x x	June 2011 Control of the Control of		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	《红彩 花》		Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Towns on the State of	State	Zip Code	Date [MM/DD/YYYY] \$	-

PART B All Other Contributions

see Attachment

\$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:

Eull Vame of Contributors	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] \$
No. Standard	
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
Full Marile of Contributors	
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date (MM/DD/VYYY)
House # Street Address	Date [MM/DD/YYYY] \$
City. State Zip Code	Date [MM/DD/YYYY] \$
City. State Zip Code :	
Full Name of Contributor	Date (MM/DD/YYYY) \$
Can Traine St. Continuous.	
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	(28797201

Part B

Contact Name	Mailing Street Add	Mailing City	State	Zip	Date Rec'd	Amount
Rettger, Bridget	1622 Henn Hyde Rd	Warren	ОН	44484	4/3/2021	\$100.00
Baer, Robert	2704 S Sherman St	Englewood	со	80113	3/15/2021	\$51.83
Fontecchio, Meredith	619 Vermont Ave	Erie	PA	16505	3/17/2021	\$51.83
Murnin, Michael	34726 Maritime Wa	Lewes	DE	19958	3/31/2021	\$51.83
Baer, Robert	2704 S Sherman St	Englewood	со	80113	4/20/2021	\$51.83

1			

Part C

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PA United PAC	600 Hastings Of	Districtor	PΔ	45000	4/7/0004	ተመደረሰ ነው።
PA United PAC	523 Hastings St	Pittsburgh	PA	15206	4///2021:	. <u>გეიი.იი</u>
	, .					

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PART C

Contributions Received From Political Committees

See Attachment

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:

Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City City City City City City City City	State	Zip Code	Date [MM/DD/YYYY]	\$.
Full Name of			Date [MM/DD/YYYY]	\$ ·
Contributing Committee House # Street Address			Date [MM/DD/YYYY]	\$.
	Politicality			
City .	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
-Gity	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	<u> </u>
City 1	State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	Š
Full Name of Contributing Committée	T Management and assets (Andrewson Agree of the Control of th	Date [MM/DD/\YYYY]	X
House # Street Address			Date [MM/DD/YYYY]	3
(City:	State	Zip Code	Date [MM/DD/WWY]	

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 (dent)fication Number:

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 /			[200] [200]
Principal Place of Business			Provide Trade School (1989)
Full Name of Contributor			Date [MM/DD/YYYYY] \$
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] \$
	F 37 - 224 - 194 - 11		
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/VYYY] \$
Carried and the Carried State of the Carried State			
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
	3		
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 Num	per:		-	
Full Name	Street Address			
City	1 1 1	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description Full Name				
House #	Street Address	State	/Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
House # City	Street Address	State	Zip Code	Datë [MM/DD/YYYY] \$
Receipt Description Full Name		Loss recovers at controls	Pognosia Weshari (West)	I Estivoli
House #	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description Full Name		Toward Visited Association	Total Spring and Mari	1930-29
City	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description Full Name		Construct of the Williams	Ladden grapher mea, med	Dogwe-1
City	Street Address	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:			
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VALUE OF	\$50.00 (1)	RLESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$ 2	227.77
2. IN-KIND CONTRIBUTIONS REC	SEIVED-VALUE OF \$50.01 TO \$2	50.00 (FR	OM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250.00 (FR	IOM PART	TG)
TOTAL for the reporting period	(3)	\$	1085.44
TOTAL VALUE OF IN-KIND CONTRIBUTI	ONS DURING THIS REPORTING	\$	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; also ent	, ,	1313.21
			· · · · · · · · · · · · · · · · · · ·

SCHEDULE II

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	 ***	

Full Name of Contributor			Date [MM/DD/YYYY] \$	
	eet Address		Date [MM/DD/YYYY] .\$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	in .			
Full Name of Contributor			Date [MM/DD/YYYY] 35	
	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Description of Contributio	n est special			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] 5	
	et Address		Date [MM/DD/YYYY] \$	
City: Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	n i			

SCHEDULE II Part G

In-Kind Contributions Received



VALUE OVER \$250

Filer Identification Number		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addre	ess	Date [MIM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princip Place of Business	pal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House# Street Addre	ess aug	Date [MM/DD/YYYY] \$
City.	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	大学 「大学 「大学	Occupation
Employer Mailing Address / Princi Place of Business	ipal .	Description of Contribution
Füll Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addre	ėss	Date [MM/DD/YYYY] \$
City	State: Zíp Code	Date [MM/DD/YYYY] \$
Employer Name	Parameter (AM)	Occupation
Employer Mailing Address / Princi Place of Business	ipal .	Description of Contribution
Full Name of Contributor		*Date*[MM\/DD/XYYYY] \$
House # Street Addr	ėss	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princi Place of Business	ipat .	Description :: of Contribution

Part 9

Full name of Contributor	Mailing Address	Date	Amount	Description
	841 California Ave, 3rd Floor			
Pennsylvania United	Pittsburgh, PA 15212	5/3/2021	\$1,085.44	Staff time spent c



Statement of Expenditures

	-	
	 	_
Filer Identification Number:		

To Whom Paid			Date [MM/DD/YYYY] \$
	Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
	Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
	Address		Description of Expenditure
City.	State	Zíp Code	
To Whom Paid			Date [MM/DD/YYYY] \$
	Address		Description of Expenditure
Gity	State	Żip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street	Address		Description of Expenditure
City	State	Zip Code	
Tổ Whom Paid			Date [MM/DD/YYYY] \$
	Address		Description of Expenditure
Gity	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
	Address	· · · · · · · · · · · · · · · · · · ·	Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date (MIV/DD/XXYY) \$
A Transfer	Address		Description of Expenditure
City	State	Zíp 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.

Filer Identification	n Number:		
Name of Credito	2		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCUR [MM/DD/YYYY	IRED \$
City Description of D	lebt "3"	State Zip Code	
			Outstanding Balance of Debt
Name of Credito	Street Address	DATE DEBT INCUR	RRED \$
City Description of D) of the	State Zip Code	
pesurption of L			
Name of Credito		No. of Contract of	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCUF	Clara the New York (1991 1992 1991 1992 1991 1992 1992 199
City Description of D)ebt	State Zip Code	
Name of Credite			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCUE	
City Description of E)ebt.	State Zip Code	
Name of Credit	or the second		Outstanding Balance of Debt
	Street Address	DATE DEBT INCUI	RRED. \$
City Description of L)ebt	State Zip Code	
			Quistanding Balance of Debt
Name of Credit House #	Street Address	DATE DEBT INCUI	RRED. \$
City :		State Zip Code	
Description of I	Debt	Opp and the state and the stat	



Pennsylvania Department of State

Name of Filing Committee, Candidate, or Lobbyist

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

2021 MAY -7 AM 10:21

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.

trian	915 to Flect	Lauren Gil	lespir		
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		□ Су	cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	l Election	30 Day Po	st-Special Election
hat the accompa	nying Campaign F	inder the law of the inance Report is t		correct.	
	Cha				6/2021
	isurer, Candidate,		D	ate (DD/N	1M/YYYY)
Elizo	ubeth C No	wro C4		Evie,	PA
Pr	inted Name		Locat	ion (City/S	tate/Country)



Bureau of Campaign Finance & Civic Engagement 210 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	Date (DD/MM/YYYY)	
Printed Name	Location (City/State/Country)	



Canadian paramental sea

czawojeściew/simenagijawa o tergemenagijawa pokoż swydonyongenajijas (jangpas) (ynywoj o śwywsze) (objow)) priemoveniej (migraciegiewiej istanem czawe (gameniej migraciegiewiej istanem

Pasth-lfthisfountsabutisaswithenaponthyotendlibrissAnthodaalCommittae, the લ્લાનીઇનિયામાં કેકીનું વિસ્ત

(Sysigning or Gyring my name below, I hereby deduce under dis pereby of parjury. puerent to us paes. § 4204, the the literation contained in the ecompanying meterne envielled broeffellwed yn doted off oo al fugfil gelague

Signature of Carolidate

DETIC

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