



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)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Kendrick Tate						
Street Address		1114 W 10th St						
City	Erie	State	PA	Zip Code	16502			
Type of Report (Place x under report type)								
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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)		05/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only				
		01/01/21	05/03/2021					
A. Amount Brought Forward From Last Report		\$	0	<div>2021 MAY -7 AM 10:22</div> <div>ERIE COUNTY</div> <div>VOTER REGISTRATION</div>				
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	1551.20					
C. Total Funds Available (Sum of Lines A and B)		\$	1551.20					
D. Total Expenditures (From Schedule III)		\$	0					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	1551.20					
F. Value of In-Kind Contributions Received (From Schedule II)		\$	1309.26					
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0					
Affidavit Section								
Part I- If this is a <b>Committee</b> report, treasurer sign here. If this is a <b>Candidate</b> 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.								
		814 528-1726 Area Code Daytime Telephone Number						
Part II- If this is a report of a <b>Candidate's Authorized Committee</b> , 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.								
		Area Code Daytime Telephone Number						

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period (1)	\$	382.11
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	669.09
Total for the reporting period (2)	\$	669.09
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	500
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	500
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period (4)	\$	0
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>		\$ 1551.20

**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																			
-----------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

  

														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]		\$					

PART B  
**All Other Contributions**  
\$50.01 TO \$250

*See  
attachment*

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 B

Contact Name	Mailing Street Address	Mailing City	State	Zip	Date Rec'd	Amount
Tate, Leatra	1114 W 10th St	Erie	PA	16502	4/14/2021	\$206.70
Koehle, Elspeth	1232 W 11th St Fl 2	Erie	PA	16502	3/12/2021	\$103.45
Tate, Brenda	503 W 10th St Apt 1	Erie	PA	16502	3/26/2021	\$100.00
Tate, Leroy	1114 W 10th St	Erie	PA	16502	3/14/2021	\$77.64
Tate, Leatra	1114 W 10th St	Erie	PA	16502	3/31/2021	\$77.64
Tate, Jauntel	948 Arncliffe Rd	Baltimore	MD	21221	3/10/2021	\$51.83
Breneman, Jay	4118 State St	Erie	PA	16508	3/10/2021	\$51.83



See attachment

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	
-----------------------------	--

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:	
------------------------------	--

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 C

PA United PAC	523 Hastings St	Pittsburgh	PA	15206	4/7/2021	\$500.00
---------------	-----------------	------------	----	-------	----------	----------



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							

**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:	
------------------------------	--

<b>1</b>	<b>UNITIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>
----------	---

TOTAL for the reporting period	(1)	\$	223.82
--------------------------------	-----	----	--------

<b>2</b>	<b>IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>
----------	--

TOTAL for the reporting period	(2)	\$	0
--------------------------------	-----	----	---

<b>3</b>	<b>IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>
----------	--

TOTAL for the reporting period	(3)	\$	1085.44
--------------------------------	-----	----	---------

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)	\$	1309.26
---	----	---------

**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

*see  
attachment*

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			

Part G

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





SCHEDULE III  
**Statement of Expenditures**

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

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**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

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

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							



**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement

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

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

2021 MAY -7 AM 10:22

# 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				
Friends of Kendrick Tate				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input checked="" type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 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.**

900 C Ma  
Signature of Treasurer, Candidate, or Lobbyist

5/6/2021  
Date (DD/MM/YYYY)

Elizabeth C Nawrocki  
Printed Name

Eric, PA  
Location (City/State/Country)



**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement

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

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto: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

05/07/2021  
Date (DD/MM/YYYY)

Kendrick Tate  
Printed Name

Erie, PA, USA  
Location (City/State/Country)