

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed ((Mark X)	By Candida	te	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Ken	drick Tate				A CONTRACTOR OF THE PROPERTY O
Street Address	1114 W 10th S	St				
City Erie	not unregion	State	PA	Zip Code	16502	
Type of Report (Place x under report type)						
1-6 th Tuesday 2-2 nd Friday 3-30 Day F Pre-Primary Pre-Primary Primary	ost 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
		2 / 11 commence and 12 commence of 1				
Date Of Election (MM/DD/YYYY) 05/18/202	Year 1	2021	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Dat	e		For	Office Use Only	
Expenditures 01/01/	21 05	5/03/2021		29.4		
A. Amount Brought Forward From Last Re	Av. r-4. Gr	0	Control of the Contro		na katalan kat	
B. Total Monetary Contributions and Rece (From Schedule I)	ipts \$	1551.20			eritaria Maria Marianti Marianti	
C. Total Funds Available (Sum of Lines A and B)	\$.	1551.20				
D. Total Expenditures (From Schedule III)	\$	0			n e e	<u> </u>
E. Ending Cash Balance (Subtract Line D from Line C)		1551.20				1 di
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1309.26				\sim
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0			4 mg/s ² abbre	2
	16.11.	Affidavit Sec	· ·			
Part 1- If this is a Committee report, treasurer signs swear (or affirm) that this report, including the			-	ige and belief tr	ue, correct and comple	te.
Sworn to and subscribed before me this			a	0 1		
day of20	— ·1		Signature	of Person Subm	itting report	_
-	— 上	Eli	zabeth C Nawroc	ki		
Signature	. 1	- 4		Printed Name		
My Commission expires MO. DAY	YR.	81			1726	
			rea Code	Day	time Telephone Numb	
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						
day of20	' 1	_			·	
·			Sign	nature of Candid	late	
Signature		_		Printed Name		
My Commission expires			rea Code	- Daveti	me Telephone Numbe	
MO. DAT TR	•	A	es coue	Dayli	me releptione numbe	
				·		

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) \$	382.11
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	7	S 0
All Other Contributions (Part B)	,	669.09
Total for the reporting period (2) {	669.09
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	,	500
All Other Contributions (Part D)	1	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, Report Cover Page, Item B)	- 1	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				
			Amount	
Full Name of Cor Committee	ontributing		Date [MM/DD/YYYY] \$	
	The state of the s			
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	The state of the s			
Full Name of Cor Committee	entriouting		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
U. T.				
Full Name of Cor Committee	ntributing		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
. Vij. Vij. 1. j		4 754		
Full Name of Cor Committee	ntributing		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
1020 (C. 180.35) 1866 (196.)				
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	atributing	24 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图	Date [MM/DD/YYYY] \$	
Committee				
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
		Zip Code		
Full Name of Cor Committee	ntributing		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
		·		
City	State	Zip Code	Date [MM/DD/YYYY] \$	

PART B All Other Contributions

Seignment

\$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]	\$
1 1905 2 1905 2 1905				
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]	\$
	1.5			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	5.
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/XYXX]	\$
Gity	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributor			Date [MM/DD/YYYY]	<u>•</u>
House # Street Address			Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	(\$
		0 = 17 / L		<u></u>

Part B

Contact Name	Mailing Street Add	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 :	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

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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	1.446		Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
Gty.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
City .	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
City Full Name of	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Contributing Committee	et Address		Date [MM/DD/YYYY] 5 Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		4. 30	Date [MM/DD/YYYY] \$	
Contributing Committee House # Street	et Address		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date (MM/DD/YYYY) S	

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] \$	
	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Trust The Section As (1988) 1988 1989 1989 1989 1989 1989 1989 1989 1989 1989 1989	Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	t Address		Date [MM/DD/YYYY] \$	
City	State	Žip Code	Date [MM/DD/YYYY] \$	
Employer Name		(李塔·古公本)在立态图像的图像	Occupation	
Employer Mailing Address / Principal Place of Business	i.			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	t 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
Transfer of the contract of th	2007 000 00 1 0000 miles for miles and market rate on Administration on	According to the contract of t	man en militar manaman en manaman men en e	mana mata an marana a arawa a arawa a mana a mana a da a da d	THE ADMILL AND ADMINISTRATION AN	AND AND A CO. C.

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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	leta (
Full Name				· · · · · · · · · · · · · · · · · · ·
House #	Street Address			
Citý		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			International In	<u> </u> <u> व्यक्त</u>
Full Name				
House # City	Street Address	State	Zip 🐃	Date [MM/DD/YYYY] \$
			Code	
Receipt Description			F-G-T-G-T-G-T-G-T-G-T-G-T-G-T-G-T-G-T-G-	国外 经
Full Name				
House #	Street Address	State	Zip 🔐	Date (MM/DD/YYYY) \$
			Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name House #	Street Address			
Gity		State	Z p	Date [MM/DD/YYYY] \$
4			Code	
Receipt Description				
Full Name V House#	Street Address	·		
City		State	ZIp. Code	Date [MM/DD/YYYY] \$
Receipt Description			Code	Date [MM/DD/YYYY] \$

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 Numbers			
		- OF 4 FO 00 O	D.L.C.C.C.D.C.C.N.T.D.I.O.U.T.O.D.
1. UNITEMIZED IN-KIND CONT	NIBOTIONS RECEIVED AVAILUI	2 UF 330.00 U	NEE33 FER CONTRIDUTOR
TOTAL for the reporting period	(1)	\$ 2	223.82
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.01 T	O \$250.00 (FR	OM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$250.0	0 (FROM PART	FG)
TOTAL for the reporting period	(3)	\$	1085.44
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals		1 -	
on Page 1, Report Cover Page, Item F)			1309.26

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

	2000-0	
Filer Identification Number:		

Full Name of Contributor			Date [MM/DD/YYYY] \$	
ruin, vanie o contributor			pare (MIN/DD/1110)	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State Zip G	odé	Date [MM/DD/YYYY] \$	
Description of Contribution		100000 VSI0	Gertari E. J.	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
E .		,		
House # Street Address			Date [MM/DD/YYYY] \$	
City	State Zip C	ode.	Date [MM/DD/YYYY] \$	
Description of Contribution		TO THE PROPERTY OF THE PROPERT	(See 2002)	· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY) \$	
City	State Zip Ci	ode	Date [MM/DD/YYYY] \$	
Description of Contribution			11/40/-909	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	-
Giÿ	State Zip Co	ode :	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	·
House # Street Address		X	Date [MM/DD/YYYY] \$	
City	State Zíp.Co	ode	Date [MM/DD/YYYY] 5	
Description of Contribution			In Asserti	

SCHEDULE II Part G

In-Kind Contributions Received



VALUE OVER \$250

Filer Identification Number:		
		Total Manager
Full Name of Contributor		Date [MM/DD/YYYY] S
House# Street Addr	ress	Date [MM/DD/YYYY] \$.
<u>City</u>	State Zip Gode	Date [MM/DD/YYYY] \$
		00 to 100 to
Employer Name		Occupation
Employer Mailing Address / Princi Place of Business	ipal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addre	ess	Date [MM/DD/YYYY] S
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princl Place of Business	ipal .	Description of Contribution
Full Name of Contributor		Date:[MM/DD/YYYY] \$
House # Street Addr	ress	Date [MM/DD/YYYY] \$
City.	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Personal of the control of the contr	Occupation
Employer Mailing Address / Princi Place of Business	ipal .	Description of Contribution
Full Name of Contributor	man of weap (c) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Date [MM/DD/YYYY] \$
House # Street Addr	ress	Date [MM/DD/YYYY] \$
Gity.	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princ Place of Business	ipal.	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

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Statement of Expenditures

Eller Identification Number		
Filer Identification Numbers		
and the same of th	 	

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To Whom Paid				Date [MM/DD/YYYY]	5
House #	Street Address			Description of Expendit	ure
City	IN DESCRIPTION OF STREET STREET	State	Žip Code		2
To Whom Paid			and transfer the willy market	Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure .
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
City		State	Zip Code		
To Whom Paid			COOC	Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure '
City		State	Zip		
			Code	Production (Metal Special Spec	COMP (CO.)
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expenditu	ure'
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YXYY]	3
House #	Street Address			Description of Expenditu	Jre.
City	1 manufacturing discount of the control of the cont	State	Zip Code		A STOCKE STANDARD ST
To Whom Paid				Date [MM//DD/YYYY]	
House #	Street Address			Description of Expenditi	ire
City		State	Zip Code		
To Whom Paid		- Marie Carlo	Land Complete Control	Date (MM/DD/YYYY)	\$
House #	Street Address			Description of Expenditi	ire
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 House # Stre City Description of Debt	et Address	State Zi	BT INCURRED /DD/YYYYJ P pde	Outstanding Balance of Debt
Name of Creditor House # Stre	et Address	State Zi	EBT INCURRED /DD/YYYY] P ode	Outstanding Balance of Debt
Gity City	et Address	State Zi	EBT INCURRED //DD/YYYY] ip ode	Outstanding Balance of Debt
Description of Debt Name of Creditor House # Stre	eet Address		EBT INCURRED	Outstanding Balance of Debt
	NEXT WEST PROPERTY OF THE PROP		The state of the s	25V
City Description of Debt		State Z	ip ode	
Description of Debt Name of Creditor	eet Address	State Zi	eBT INCURRED I/DD/YYYY]	Outstanding Balance of Debt
Description of Debt Name of Creditor House # Stru City Description of Debt Name of Creditor	eet Address eet Address	State Zi Co	ode EBT INCURRED I/DD/YYYY]	



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 • 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.

Control of the contro	The state of the s	entropy to the entropy of the entropy and the entropy of the entro	e same control and an expension to the	was grant to Mile Control	
Name of Filing	Committee, Can	didate, or Lobby	ist		
Fri	ends of Ke	indrick ta	te		
Reporting Cycle	er ministrativa er et magnetiske filosom prefigieren herfilos franzieren inger i kritiskap (e. 200				
☐ Cycle 1		☐ 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-f	lection	Pre-Election
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		☐ Cy	cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	l Election	30 Day Po	st-Special Election
this form is submit is submitted with it declare under pethat the accompa	a report by a cont enalty of perjury u	ributing lobbyist, a	the lobby	vist must s nonwealth	ign here.
•		•			
900 C	Mas			5	16/2021
	asurer, Candidate	, or Lobbyist	D	ate (DD/N	1M/YYYY)
Elizar	octh CNaw	rocti		Eni	e, PA
~ -	rinted Name		Locat	ion (City/S	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 • 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.

/h/u/</ar>

Signature of Treasurer, Candidate, or Lobbyist Date (DD/MM/YYYY)

Kendrick Tate Erie, PA, USA

rinted Name Location (City/State/Country)