

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number			Report Filed By Candida (Mark X)		ate Committee					Lobb	yist			
Name of Filing Committee, Candidate or Lobbyist			Friends to Elect Leatra Tate											
Street Address		A CARL TO THE	503 West 10th St											
City	Erie		•			State	PA		Zip (Code	16502			
Type of Report (Plac	e x under r	eport type)												
1- 6 th Tuesday 2- Pre-Primary Pre	2 nd Friday -Primary	3-30 Day Post Primary	110000000000000000000000000000000000000	Tuesday lection	100 PM 100 PM	Friday lection	6- 30 Elect	Day Post	7- A	nnual	Special Pre-Ele	2 nd Friday		ial 30 Day Election
	Filmary	Filliary	F16-1	iection :		(4): ()	Ly Kar							
	<u> </u>						V.S.L.V.Tre.A		L					
Date Of Election (MM/DD/YYYY)		05/18/2021	Year		20	21	Ame Repo	endment ort			Termin Report			
Summary of Receipt	ts and	From Date		To Date	6		y wat goes a	iga santasania il Lisa del Co		For	Office Us	e Only		
Expenditures		01/01/21		05	/03/202	1	event s				4 (1995) (4) (3 (1995)		vBray si bu∵d ve	
A. Amount Brought	Forward F	rom Last Report	\$		0		-31.81.21.81.2						2 - 100 - 27 100 <u></u>	
B. Total Monetary C (From Schedule I)	ontributio	ns and Receipts	\$	2	2715.16									
C. Total Funds Avail (Sum of Lines A and	CHARLE WILL EXCEPTIVE		\$	2	2715.16							(2021	
D. Total Expenditure (From Schedule III)	95		\$		0							min ZZ	7	
E. Ending Cash Balar (Subtract Line D from			\$	2	2715.16							NO.	-1	
F. Value of In-Kind C (From Schedule II)			\$		1353.82									
G. Unpaid Debts and (From Schedule IV)	d Obligatio	ns to the	\$		50								≅ ?>	
Double (Cabining Comme			15.			idavit Se			-				10	
Part 1- If this is a Comm I swear (or affirm) that Sworn to and subscribe	this report,	including the atta							dge and	belief ti	rue, correc	ct and comple	ete.	
day of		20	_	. 1		_	20	= (1/A	$\overline{\sim}$				
				} _		Eli	izabeti	Signature n C Nawroc		on Subm	nitting rep	ort		
Signa	ature			ا ,					Print	ted Nam	e			
My Commission expires			_			81					-1726			
	MO.	DAY YR.				Δ	rea Co	de		Day	time Tele	phone Numb	er	
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 subscribe	ed before me	e this				/								
day of		20	_	1			M		nature	Andi	\mathcal{L}			
			_			_	Ula	tra	. (at	Ĺ			
Signa	ature			,			n		Printed	Name				
My Commission expires	s MO.	DAY YR.	_				rea Co			7	1(0 - 1)	<u> Hフフ</u> hone Numbe		
	IVIU.	DAT IN.				A	uea CO	ue		υαγι	.ппе тезер	none Numbe	;r	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

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1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 512.73
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ o
All Other Contributions (Part B)		\$ 1702.43
Total for the reporting period	(2)	\$ 1702.43
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)	\$ o
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, Recover Page, Item B)	port	\$ 2715.16



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: 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.

Frie	ends to E	lect Leatra	Tate	•	
Reporting Cycle	Name				
☐ 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-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	ost-Special Election
declare under pe	nalty of perjury (tributing lobbyist, i under the law of th Finance Report is	ne Comn	nonwealth	
9001	M			5/4	121
Signature of Trea	surer, Candidate	e, or Lobbyist		ate (DD/N	
Elizabet	n C Nawn	ocki	<u> </u>	Erre	PA
" "" — — —	inted Name		Locat	ion (City/S	State/Country)



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)

Leatra Tate

Printed Name

Date (DD/MM/YYYY)

Location (City/State/Country)

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.

i vei (dellallo					
				Amo	unt
Full Name of Co	ntributing	-		Date [MM/DD/YYYY] \$	
Committee					
House#	Street Address		•	Date [MM/DD/YYYY] \$	
City	■ 2000 (200) (2000) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (200) (2000 (200) (200) (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	[#####################################	State	Zip Code	Date [MM/DD/YYYY] \$	
	=				
Full Name of Co	ntributing	·		Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
City	[4] \$ 6 K \$ 25 - 4 6 - 4 7 K \$ 6 7 K \$ 6 7 K	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
	Table Section 1881				
House #	Street Address			Date [MM/DD/YYYY] \$	
			10.00.00.00.00.00.00		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
1 3.1. 17.16					
Full Name of Cor Committee	itributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	itributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State /	Zip Code	Date [MM/DD/YYYY] \$	w
				The state of the s	

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:

	*				
	PENG.				****
Full Name of Contributo	of a second			Date [MM/DD/YYYY]	
House #	street Address			Date [MM/DD/YYYY]	\$,
City C		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribute				Date [MM/DD/YYYY]	\$
Ton Yame or Contribute					
House #	Street Address			Date [MM/DD/YYYY]	\$
City.		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribute)r_	porque specialistical	, не приходин (франция) при	Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribute				Date [MM/DD/YYYY]	\$
	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribute				*Date [MM/DD/XXXV]	\$
	Street Address			Date [MM/DD/WYY]	\$.
City		State ;	Zip Code		(\$
Full Name of Contribute				Date [MM/DD//YYY]	5
	Street Address			Date (MM/DD/YYYY)	
City	1	State	Zip Code	Date [MM/DD/YYYY]	§

PartB

Strategies, Racial Engagement	105 Fall Run Rd	Pittsburgh	PA	15221	4/18/2021	\$206.70
Smith, Daniel	246 Broadstone Dr	Mars	PA	16046	4/23/2021	\$155.08
Hoffman, Dakota	101 10th St E	Saint Paul	MN	55101	4/24/2021	\$103.45
Tate, Brenda	503 W 10th St Apt	Erie	PA	16502	3/24/2021	\$100.00
Viera, Allisandra	1009 Nuttman Ave	Fort Wayne	IN	46807	3/24/2021	\$77.64
Steele, Cheryl	4516 Stanley Ave	Erie	PA	16504	4/4/2021	\$77.64
Beasley, Dr. Sheila	22 Watson Blvd	Pittsburgh	PA	15214	4/7/2021	\$77.64
Dowds, Erin	223 Rosebriar Dr	Glenshaw	PA	15116	4/21/2021	\$75.00
Ptaschinski, Andrew	100 Race St	Pittsburgh	PA	15218	3/9/2021	\$51.83
Beasley, Dr. Sheila	22 Watson Blvd	Pittsburgh	PA	15214	3/12/2021	\$51.83
Jordan, Morgan	201 Edmond St	Pittsburgh	PA	15224	3/12/2021	\$51.83
Crowell, Christine	1826 Wilkins Rd	Erie	PA	16505	3/12/2021	\$51.83
Lake, Jack	4343 Oregon St	San Diego	CA	92104	3/12/2021	\$51.83
Breneman, Jay	4118 State St	Erie	PA	16508	3/13/2021	\$51.83
Titus, Tyler	840 E 40th St	Erie	PA	16504	3/14/2021	\$51.83
Tate, Leroy	1114 W 10th St	Erie	PA	16502	3/14/2021	\$51.83
Prabhu, Shraddha	840 E 40th St	Erie	PA	16504	3/27/2021	\$51.83
Oliver, Teresa	PO Box 3792	Erie	PA	16508	3/29/2021	\$51.83
ohlund, laura	414 Lenox Ct	Gibsonia	PA	15044	3/30/2021	\$51.83
Tate Jr, Esset	2838 Orchard Dr	Palm Harbor	FL	34684	4/3/2021	\$51.83
Brandt, Patrick	215 Locust St	Avalon	PA	15202	4/13/2021	\$51.83
Ross, Kendra	1815 Woodcove Pl	Pittsburgh	PA	15216	4/21/2021	\$51.83
Abdelmalik, Atiya	7331 Beach Haven	Jacksonville	FL	32256	4/26/2021	\$51.83
Wiley, Darryl	528 W Burgess St	Pittsburgh	PA	15214	5/2/2021	\$51.83

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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.

See	
attachment	-

Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$	
City (State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Manuscriativa	(See 19th of contains of the c	Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] S	
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 Gode	cDate [MM/DD/YYYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House'# Street Address		***	Date [MM/DD/YYYY] \$	
City	State	. Zip Code	Date [MM/DD/YYY] \$	
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	. Incommunication (Metable)	In a PNN MARKET AN ARCHITECTURE	Date [MM/DD/YYYY] \$	
City At 1	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 Addr	ėss		Date [MM/DD/YYYY] \$
city	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor	· (2)		Date [MM/DD/YYYY] \$
House # Street Addi	ress		Date [MM/OD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor		<u>-</u> -	Date [MM/DD/YYYY] \$.
House # Street Add	i,		Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$ Occupation
Employer Mailing Address / Principal Place of Business	80 - 50 s		
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$
House # Street Add	ress		Date [MM/DD/YYYY] \$
Chy	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation

Partc

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

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		¥ ***	
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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 Numb	9 6			
Full Name		_		
	্যঃ Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full Name				
	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
and the second second second			Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name House #				
City	Street Address	State	Zip	Date [MM/DD/YYYY] \$
			Code	Date [MM/DD/YYYY] \$
Receipt Description				
Füll Name				
late ⊈ 2.54	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				<u> </u>
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				The second state of the second
Full Name				
a a a a a a a a a a a a a a a a a a a	Street Address			
City		State	Zip	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 Number:			
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VAL	DE OF \$50.00 O	RLESS PERCONTRIBUTOR
TOTAL for the reporting period	(1)	\$ 2	268.38
2 IN-KIND CONTRIBUTIONS RE	GEIVED-VALUE OF \$50.01		ROM PART F)
		a Colai Agrae	
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250) 00 (FROM PAR	T.G).
The Arms Sun	And the second second	at distance	
TOTAL for the reporting period	(3)	\$	1085.44
TOTAL VALUE OF IN-KIND CONTRIBUTI	ONS DURING THIS REPO	RTING S	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)			1353.82

SCHEDULE II

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	Date [MM/DD/YYYY] \$	
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] \$	
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] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] , \$	
City Description of Contribution	State.	Zip Code	Date [MM/DD/XYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address	LANGE THE STATE OF		Date [MM/DD/YYYY) \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				



Filer (dentification Number:		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add	fress	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princ Place of Business	cipal	Description of Contribution
Full Name of Contributor	100; ma, 100 parameter (*)	Date [MM/DD/YYYY] 5
House:# Street:Addi		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation 9
Employer Mailing Address / Princ Place of Business	cipal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] .5
Employer Name		Occupation
Employer Mailing Address / Print Place of Business	cipal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add		Date (MM/DD/YYYY) \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Print Place of Business	ncipal	Description of Contribution

Part G

Full name of Contributor	Mailing Address	Date	Amount Description
1	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/XXXX] \$
House # Street A	ddress		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/OD/YYYY] \$
House # Street A	ddress		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Ac	ddress		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Ac	ddress		Description of Expenditure
City	State	Zip Code	
To Whom Paid	,		Date [MM/DD/YYYY] \$
House # Street Ac	ldress		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Ad	ddress		Description of Expenditure
(Gity)	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
.House # Street A			Description of Expenditure
'éty	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Ad	ddress		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 Number:

			<u> </u>
Name of Creditor	美数 Leatra Tate		Outstanding Balance of Debt
House # 503	Street Address West 10th St	DATE DEBT.INCURRED [MM/DD/YYYY]	\$
City	Erie	O4/16/2021 State PA Zip 16502	50.00
Description of Debt	Donation for Candidate Interview Paid wi	ith Personal Money	I Constituted
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	The first of State of Control of	State Zip Code	
Description of Debt		en e	.i.
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt		<u></u>	
Name of Creditor	100		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			Outstanding Balance of Debt
Name of Creditor	Street Address	DATE DEBT INCURRED	
	STREET Address	[MM/DD/YYYY]	
City Description of Debt	7	State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	*
City		State Zip Code	
Description of Debt			