### Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identificat Number	tion	86	-1982577		oort Filed ( ark X)	Зу С	andida	ite		Committee		X	Lobbyi	șt
Name of Filing Lobbyist	Commi	ttee, Ca	ndidate or	CON	MITTEE TO	ELECT CH	IRIS CAN	/IPANELLI						
Street Address				946	W 36TH STF	REET								
City		ERIE	. r <sub>1</sub> ,24 (1-2)	· I	· · · · · · · · · · · · · · · · · · ·	S	tate	PA		Zip Code	16508			
Type of Report	(Place >	k under i	eport type)			<u>'</u>	•				'			
1- 6 <sup>th</sup> Tuesday Pre-Primary		<sup>d</sup> Friday rimary	3- 30 Day Po Primary		h Tuesday Election	5- 2 <sup>nd</sup> F Pre- El		6- 30 Day Election	/ Post	7- Annual	Special 2 Pre-Elec	<sup>nd</sup> Friday tion	Special Post-Ele	30 Day ection
			$\boxtimes$						300 200					
Date Of Electio (MM/DD/YYYY				Yea	r.			Amendm Report	ent		Termina Report	tion		
Summary of Re Expenditures	ceipts	and	From Date		To Date	•				For	Office Use	Only		
			05/04/202	- 1		/07/2021								
A. Amount Bro	ught Fo	rward F	rom Last Repo	rt	\$ 1	1,699.50								
B. Total Monet (From Schedule	1.47 1.404	itributio	ns and Receip	ts	\$ 4	,068.00						•		
C. Total Funds A (Sum of Lines A	·····································	541 T. E. S. C.			\$ 1	5,767.50								
D. Total Expend (From Schedule	: 111)				\$ 1	5,660.13								
E. Ending Cash ( (Subtract Line D	from l	Line C)			\$	107.37								
F. Value of In-K (From Schedule	H)					1,200.00						6 (*	Page	
G. Unpaid Debt (From Schedule		Obligatio	ns		\$	3,722.26	·					MM MM	Company Control Control Control Control	
Daniel (Filt)				1			lavit Sec					and the second	<u> </u>	
Part 1- If this is a ( I swear (or affirm)										ge and belief t	rue, correct	and comple		
Sworn to and subs	scribed I	before me	$\sim 1$					Bort	den :	Robert	Anho			
day of	D.	$\frac{\sim}{M}$	20 <u>001</u>				GC.	,,,,,,	nature c	of Person Subn	nitting repor	t and	ಎ	
	Signatu		vealth of Penns	vivania ·	Notary Sea	al				Printed Nam	ne	<del></del>		
My Commission e	xpires	J	ili Pennsy, No	naiy Fu	Dillo	1	81		_	453	-7731			
	1	MO. My com	miceinn exnire	s Octo	ber 4, 2022 41483			rea Code			ytime Teleph			
Part II- If this is a r I swear (or affirm) amended.	eport b	a Candic Member, the best of	ennsylvania of my knowledg	ន្ល <b>់៩២</b> ៤ e and be	<b>अध्यक्षकात्र्यः</b> elief this pol	sate shai Itical com	l sign he mittee h	ere. nas not viola	ted any	provisions of	the Act of Ju	ne 3, 1937 (	(P.L. 1333,	NO.320) as
Sworn to and subs	scribed b	pefore me	this		1 .			Q		1				
aay of	D		NOU		,		<u>CH</u>	RIS CAMPAN	<u>NELLI</u>	ature of Candi	date	_		
My Commission e	əignatu xpires			U	, I		9	814	_	Printed Name دع	134-0	7573		
Į.	Commor	Jill Peni	f Pénnsylvámia nsy, Notary Pu Erie County	- Notary blic	Seal		A	rea Code	-	Day	time Telepho	ne Number	r	
	My cor	nmissio	n expires Octo on number 13	<del>ber 4, 2</del> 41483	022									

Member, Pennsylvania Association of Notaries

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#### SCHEDULE!

## **Contributions and Receipts**

Detailed Summary Page

VIII.		
Filer Identification Number	86-1982577	
the professional research and a contract money and contract as		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
	Žį.	
Total for the reporting period (1)	\$	168.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	1.1.21 21.30	
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	1,400.00
Total for the reporting period (2)	\$	1,400.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	2,500.00
Total for the reporting period (3)	\$	2,500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0.00
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)	\$	4,068.00

### **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:		
86-1982577		
, , , , , , , , , , , , , , , , , , , ,		
Full Name of Contributor	Date [MM/DD/YYYY] \$	(1)
House # Street Address SANdmeyer	5/21/21	100.00
	Date [MM/DD/YYYY] 8	<del>                                   </del>
11001 STATE 51.		
City ESLIE State A Zip Code /650/	Date [MM/DD/YYYY] 8	
Full Name of Contributor		
1 D'+0 1/	Date [MM/DD/YYYY] \$	\$15D. N
House # Street Address	5/2/2	MIDU.
4075 (1) 38TH ST	Dare [MM/hh/1111]	, ,
City State () Zip Code	Date [MM/DD/YYYY] \$	
LERIE PA 11506	Date [mim/DD/1111]	
Full Name of Contributor	Date [MM/DD/YYYY] 8	(0)
GARLY BALT	5/14/21	180.00
House # 2 Street Address	Date/[MM/DD/YYYY] 8	7.00
3600 Street Address TAMAGER DR		
City State Zip Code	Date [MM/DD/YYYY] 8	
PHE KA 16506		
Full Name of Contributor	Date [MM/DD/YYYY] \$	IMM
INELISSA ASPHU	05/10/2/	100.00
House # 6339 Street Address NEW MARKET WA	Dáté [MM/DĎ/YYYY] 8	
City RALEIGH State NO Zip Gode 276/5	Date [MM/DD/YYYY] 8	
Full Name of Contributor	Date [MM/DD/YYYY] \$	20.1
EHL VEV	05/06/2/	MD-W
House # Street Address	Date [MM/DD/YYYY] \$	, , ,
491 Edgewood Dr.	V. S.	
City State Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributor	N Plans I D	
TANDAGHIC OF COUNTRIBUTOR	Date MM/DD/YYYYI 8	<i>2</i> 0√

Street Address

State

Zip Code

House #

City

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

# 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.)

86-	-19825	77		
Full Name of Contributor		٩	Date [MM/DD/YYYY]   5/04/2-1	18D. (N)
House # Street Address City   FRE	State DA	32nd 51.	Date [MM/DD/YYYY]	
Full Name of Contributor	ELE FAR	eer	Date [MM/DD/YYYY]	150,00
City EAE	BEVERY (	Zip Gode /L50		
Full Name of Contributor  House # Street Address	vib Ash	by Are	Date [MM/DD/YYYY] 8 OS/17/2/ Date [MM/DD/YYYY] 8	15h W
City E Full Name of Contributor	State A	Zip Code /LSDS	Date [MM/DD/YYYY] 8	
House # Street Address	leu A Vermon	shh, Ase	Date [MM/DD/YYYY] 8	150,00
Gity EAR	State	Zip Gode //SQ	Date [MM/DD/YYYY]	
House # 946 Street Address	(1) 3/1/	Antilli 15%	5/19/2) Date [MM/DD/YYYY] 8	250,00
Full Name of Contributor	State /A	Zip Code /LSO	Date [MM/DD/YYYY] &  Date [MM/DD/YYYY] &	
House # Street Address			Date [MM/DD/YYYY] &	
City	State	Zip Code	Date [MM/DD/YYYY] 8	

# 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:

Contraction of the Contraction o	, , , , ,		
Full Name of Contributor			Date [MM/DD/YYYY]
	hris Ca	in O ANELL	05/10/21 2,500
House # Street Addre	188	TO CT	Date [MM/DD/YYYY] 8
1946	W-36	56	
City ERE	State	Zip Gode /LS	Date [MM/DD/YYYY] 8
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			I to the second of the second
Full Name of Contributor	- M.V		Date [MM/DD/YYYY]
House # Street Addre	88		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name			Occupation
Employer Mailing Address /			
Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addre	88		Date [MM/DD/YYYY] 8
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] 8
House # Street Addres	38		Date [MM/DD/YYYY] &
Clty	State	Zip Code	Date [MM/DD/YYYY] \$
	100 va 00 100 va 00		
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			

#### **SCHEDULE II**

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: 86-198	32577		
1. UNITEMIZED IN KIND CONT	TRIBUTIONS RECEIVED-VALUE	€0F\$50.00-©	RLESS PER CONTRIBUTOR 4
TOTAL for the reporting period	(1)	\$	0.00
WHIPINING ANTERIORIES (SAD	EGEIVED VALUE OF \$50,017.0	വഴാടക കെ/ല	\$5879565 D14287 W194880 D150
	ECHIVED-VALUE OF SOURCE	U 3Z3U:0U [T	(OM PART)
TOTAL for the reporting period	(2)	\$	0.00
		anticama in the second second second	
3. IN:KIND CONTRIBUTION RE	GEIVED-VALUE OVER \$250 OU	0 (EROM PAR	
TOTAL for the reporting period	(3)	\$	4,200.00
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals		1 ' 1	
on Page 1, Report Cover Page, Item F)		t I	4,200.00

## SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number: 86-1982577	 	

Full Name of Contributor		Date [MM/DD/YYYY] \$
сомміттеє то	ELECT JOHN T LOOMIS	05/12/2021 4,200.00
House # 5706 Street Address	NES LANE	Date [MM/DD/YYYY] \$
Giv	State Zip Code	Date [MM/DD/YYYY] \$
ERIE	PA 16506	
Employer Name	Version (C. discours).   Toda a collection of superconstance	Occupation
Employer Mailing Address / Principal Place of Business		Of:  BILLBOARD ADVERTISEMENT Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
Gity	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description de la contribution d
Full Name of Contributor	-	Date [MM/DD/YYYY] \$
		The control of the co
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		Description of Contribution
Full-Name of Contributor		Date[MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
Gity	State Zip Code	*Date*[MM/DD/YYYY] \$
Employer Name		Occupation:
Employer Malling Address / Principal Place of Business		Description of Contribution

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# Statement of Expenditures

		,poa	
Filer identification Number:	86-1982577		

To Whom Paid	M.II.		Date [MM/DD/YYYY] 8
T I AGShi	MITIULI OF	IEDIA, INC	105/25/21 1600
House # 1 2 Street Address	1 2000	70	Description of Expenditure
	State / L		
EHE		Zip Code   651	MAGAZINE HO
To Whom Pald			Date [MM/DD/YYYY]
WIET	^		5/DLIZI 498526
House # Out Street Address	1)	r	Description of Expenditure
18482	PEAUL ST.	<u> </u>	
City Spir	State A	Zip Code 16509	Advertising
To Whom Paid	In the Control of the	I State of Today	Date [MM/OD/WWV]   \$30
$ \omega $			5/11/21 879.00
House # Person Address			Description of Expenditure
3514	51 ATE 51.		
	State D	ZIP 11 \ .	
EDE	1/6	Code /65/) (/	HOUERTIGINS
To Whom Pald			Date [MM/DD/YYYY]
SPETH	um KEALL	٦	5/51/21 701.00
House # _ Street Address		100	Description of Expenditure
562/	-IMMERMA-		
City ERNE	State	Zip Code   LS] ()	Dibital Advantising
To Whom Paid			Date [MM/DD/YYYY]   1
Wico			05/17/21 3,854.75
House #   Street Address	1/2-1/	/	Description of Expenditure
5514	STATE SI		
City FRIS	State	Zip Gode /LSU 8	
5 0 14 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	]10	Code / POU X	Havertisine
To Whom Paid	57-5		Date [MM/DD/YYYY] \$
	ESEE		05/07/21 1,929.50
House # スケル Street Address	STATE &	T	Description/of Expenditure
City	State 7	Zip di - J	
EUE	<b>*</b> ****  <i>H</i> A	Code /60%	Advertising
To Whom Pald	[ No. 100 (1) 1.14 [ ]	By againet parameter of the latter of the la	Date [MM/DD/YYYY] \$
	tis Signs		5/12/21 2,473.20
House # Street Address	( <del>) () () () () () () () () () () () () ()</del>		Description of Expenditure
SW	N. 18th	$\Lambda L$	
City +0 -	State	20 II ~ x ^	1/22
FLIE	111	Code 16502	YARA SIGNS
To Whom Paid	1. 1. 1		Pate [MM/DD/YYYY] 8
ULL OYA	ins under #	° 250	VARIOUS 237.18
House # Street Address			Description of Expenditure
	1-84:2	· • · · · · · · · · · · · · · · · · · ·	
CIV	State	Zip Code	
K K K K K K K K K K K K K K K K K K K	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0006	

#### **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.

	•	_	•	<u> </u>	• .	
Filer Identification Number: 86-1982577						

Name of Greditor	CHRIS CAMPANELLI	Outstanding Balance of Debt
936	et Address W 36TH STREET  05/10/2021	
City	ERIE State PA Code 16508	2,500.00
Description of Debt	LOAN	
Name of Creditor	CHRIS CAMPANELLI	Outstanding Balance of Debt
House # Stree	et Address DATE DEBT:INCURRED  W 36TH STREET [MM/DD/YYYY]  05/19/2021	<b>\$</b> \$
City	ERIE State PA Code 16508	250.00
Description of Debt	LOAN	(\$1,00.0)
Name of Creditor	MICHELE FARRELL	Outstanding Balance of Debt
608	et Address  BEVERLY DRIVE  DATE DEBT: INCURRED  [MM/DD/YYYY]  05/17/2021	*\$
City	ERIE State PA Code 16505	150.00
Description of Debt	LOAN	
<b>"我们就是我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>	RODELL ASHBY	Outstanding Balance of Debt
527 W (1/2) 2	et Address  VERMONT AVENUE  O5/17/2021	<b>\$</b>
	ERIE State PA Zip Gode 16505	150.00
Description of Debt	LOAN	
<b>以实验的问题</b>	DAVID ASHBY	Outstanding Balance of Debt
527	TARRES VERMONT AVENUE DATE-DEBT INCURRED IMM/DD/YYYYI 05/17/2021	<b>\$</b>
· 1880年 福州縣 福州縣 1980年 1	ERIE State PA Code 16505	150.00
Description of Debt	LOAN	
Name of Greditor.	MICHELE FARRELL	Outstanding Balance of Debt
House # 608	BEVERLY DRIVE DATE DEBT INCURRED INCURE	
City	ERIE State PA Code 16505	522.26
Description of Debt	CALAMARIS INVOICE FOR ELECTION NIGHT	

