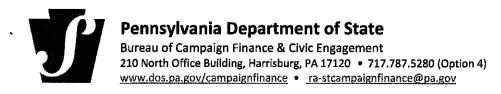
Commonwealth of Pennsylvania - Campaign Finance Report

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

File: Identification Number	Report Filed I	By Candida	te :	Committee	\times	Loobyist
Name of Filing Committee, Candidate or Lobbyist	Friends to Elec	ct Lauren Gillesp	ie	I		
Street Address	938 Colony Dr					
City Erie		State	PA	Zip Code	16505	
Type of Report (Place x under report type)						
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Primary Primary	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
Date Of Election. (MM/DD/YYYY) 05/18/2021	Year	2021	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date	2		For C	Office Use Only	nconductivity sure
Expenditures 05/03/2021	06	6/07/2021				
A. Amount Brought Forward From Last Repor	\$	1476.84	With increase the everyone co.	Y TA (M. P. S.	APPARENT TO A STATE OF THE STAT
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	65.23				
C.:Total Funds Available (Sum of Lines A and B)	\$	1542.07				
D. Total Expenditures (From Schedule III)	\$	1542.06				
E. Ending Cash Balance (Sübtract Line D from Line C)	\$	0.01				
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 2	4578.66				
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0				
Part 1- If this is a Committee report, treasurer sign h	···· · · · · · · · · · · · · · · · · ·	Affidavit Sec				
Part 1- If this is a Committee report, treasurer sign n I swear (or affirm) that this report, including the atta				ge and belief tru	e, correct and comple	te.
Sworn to and subscribed before me this			40_		1,	
day of20	- '1		the	>U_4	1000	
	} -	Eli	Signature of zabeth C Nawrock	of Person Submī ki	iting report	
Signature	_ [Printed Name		
My Commission expires	<u> </u>	81	4	528-1	1726	
MO. DAY YR.		А	rea Code	Dayt	ime Telephone Numb	er .
Part II- If this is a report of a Candidate's Authorized	Committee, cand	idate shall sign he	re.			
I swear (or affirm) that to the best of my knowledge amended.	and belief this pol	itical committee h	ias not violated any	provisions of th	e Act of June 3, 1937	P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20	- 1		Cian	ature of Candida	nto.	_
	_	_		ature of Candida		
Signature	. ا		ſ	Printed Name		
My Commission expires MO. DAY YR.						



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 to Elect Lawren Gillespil Reporting Cycle Name								
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	6 th T	Cycle 4 Juesday Election	□ Cycle 5 2 nd Friday Pre-Election			
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election	_	cle 9 est-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.

Signature of Treasurer, Candidate, or Lobbyist Date (DD/MN

rinted Name Location (City/State/Country)

nt ^a



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.

Signature of Treasurer, Candidate, or Lobbyist

Lawen Gileable

Printed Name

Date (DD/MM/YYYY)

Location (City/State/Country)

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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)	\$ 65.23
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)		\$ o ·
Total for the reporting period (2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period (3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4	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, Reportover Page, Item B)	rt	\$ 65.23

:			

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			1		
				p.2	Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	S ::
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	CONTRACTOR OF THE CONTRACTOR O	State	Zip Code	Date [MM/DD/YYYY]	
January Communication Communic				16 23 24 24 24 24 24 24 24	0.000 mg
Full Name of Co	ministra			Date [MM/DD/YYYY]	(16)
Committee					
House #	Street Address			Date [MM/DD/YYYY]	5 5
City	<u> </u>	State	Zip Code	Date MM/DD/YYYY	\$
				100.00000000000000000000000000000000000	7.156 7.156 7.156 7.156 7.156 7.156
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	\$
Committee					######################################
House #	Street Address			Date [MM/DD/YYYY]	**************************************
City		State	Zip Code	Date [MM/DD/YYYY]	5
				200 - 200 -	
Full Name of Cor	nterbuting			Date [MM/DD/YYYY]	5
Committee				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
House #	Street Address			Date [MM/DD/YYYY]	
		_			2.53 1.53 1.53 1.53 1.53 1.53 1.53 1.53 1
City	A STATE OF THE PROPERTY OF THE	State	Zip Code	Date [MM/DD/YYYY]	\$
				74 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	estiti Titali Titali Titali
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$:
					200 366 106
City		State	Zip Code	Date [MM/DD/YYYY]	
				100 (100 (100 (100 (100 (100 (100 (100	
Full Name of Cor	itributing		graph management att att die die	Date [MM/DD/YYYY]	
Committee				77	
House #	Street Address			Date [MM/DD/YYYY]	
					0.8 of 0.8 of 0.
City	MENTERS CONTRACTOR	State	Zip Code	Date [MM/DD/YYYY]	
				AND THE CATEMORY OF NAMED ASSESSMENT OF THE STATE OF THE	
<u>fellije</u>			Passalanda da Santa d		SAL

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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:				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/AYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] S	
House# Stre	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stre	et Address	:	Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date (MM/DD/YYYY) \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	TATANAN MARIAN PARA PARA PARA PARA PARA PARA PARA PA		Date [MM/DD/YYYY] \$	
	et Address	ENGERAL CONTROL NUMBER CONTROL	Date [MM/DD/YYYY] S	
City Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY] 5 Date [MM/DD/YYYY] 5	
	Y-Address		Date [MM/DD/YYYY] \$	
	State	Z(b) Gode		
		Zip Code	Date [MM/DD/YYYY] \$	

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PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
MARKET PROPERTY.	[
(Giv	State	Zip Code	Date [MM/DD/YYYY]	\$
斯里斯斯 斯		Markin Carles and La		
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	<u> </u>
			•	
leiv.a	State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
			·	
City	State	Zip Code	Date [MM/DD/YYYY]	6
	June		Date (min/OD/1711)	
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee			Date (MIN) DO) ET ET	*
House # Street Address			Date [MM/DD/YYYY]	is 1
City 1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	N. S. P. S.		Date [MM/DD/YYYY]	
Contributing Committee				
			Date (MM/DD/YYYY)	\$
House # Street Address			Date (MM/DD/TET)	
de la region				
Giy,	State	Zip Code	Date [MM/DD/YYYY]	\$
		engangan ng		
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	<u> </u>
	Test Married Section 1	Disc. Margin and Art Control of C		
City	State	Zip Code	Date [MM/DD/YYYY]	\$

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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) 5
House # Street Address			Date (MM/DD/XYYY) \$
Giy -	State	Zip Code	Date MM/DD/YYYY \$
			The property of the second of
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] \$
Sity	State	Zip Code	Date (MM/DD/YYYY) 5
Employer Name	England Market and Art of the Art	Konnector expression reproduced to by Society Stell	Occupation:
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date (MIM/DD/YYYY)
House # Street Address			Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date [MM/DD/XYYY] 5
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] \$
			THE COURT AND ASSOCIATION OF THE PROPERTY OF THE COURT OF
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		ATTERIOR REPORTED NO. NO. NO. NO. NO. NO.	Occupation.
Employer Mailing Address / Principal Place of Business			

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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	er:				
	***************************************	·			
Full Name					
House#	Stre	et Address		•	·
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			•		
Full Name					
House #	Stre	et Address			
City.		ALIFERENCE INC.	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
House #	Stre	et Address			
City		***************************************	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			MARKA WARE		MEGG26000
Full Name					
House #	Stre	et Address		***	
City		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
House #	Stre	et Address			
City			State	Zip	Date [MM/DD/YYYY] \$
			d the six	Code	
Receipt Description					
Full Name					
House #	Stre	et Address			
City		PROME TO THE REST TO SERVE EASE OF	State	Zip Code	Date (MM/DD/YYYY) - \$
Receipt Description					

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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:			
UNITEMIZED IN-KIND CONTRI	IBUTIONS RECEIVED-VALUE OF \$50	0.00 (DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	60.67
2. IN-KIND CONTRIBUTIONS REC		20.0	
	CEIVED-VALUE OF \$50.01 TO \$250.	.00 (F	KOM PARTE)
TOTAL for the reporting period	(2)	\$	108.11
8. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FROM	/I PAR	TG)
TOTAL for the reporting period	(3)	\$	4409.88
TOTAL VALUE OF IN-KIND CONTRIBUTIO	THE DIRECTURE DEPORTING	Ś	
PERIOD (Add and enter amount totals fr		۶	
on Page 1, Report Cover Page, item F)			4578.66

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SCHEDULE II PART F

See attached

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Num	ber:				
Full Name of Contribu	utor			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
de amerika Albandapar					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	L. Alexander			100 mg	
Full Name of Contribu	ator		!	Date (MM/DD/YYYY)	\$
House #	Street Address		!	Date [MM/DD/YYYY]	(5
City		State	Zip Code	Date [MM/DD/YYYY]	
	ļ	Jacks 1	ZID Code	Date (IMM/DO/1111)	\$
Description of Contrib	bution				<u></u>
Full Name of Contribu				Date MM/DD/YYYY	2 m
			1	Date (MIM/DS/T-127)	5.
House #	Street Address			Date [MM/DD/YYYY]	\$
		24			
City	and the state of t	State.	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	Jution	Miles Manager Control	Petitor-CHEROSOPPENANTAL		
Full Name of Contribu	tor		· ·	Date [MM/DD/YYYY] \$	\$
House #	Street Address		t constant	Date [MM/DD/YYYY] \$	\$.
		A. A. A. J. (4 600)	00000011448		
City		State	Zip Code	Date [MM/DD/YYYY] \$	\$
Description of Contrib	bution		1000/1700		50/2
Full Name of Contribu	itor			Date [MM/DD/YYYY] \$	
	A				

Zip Code

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] 5

House #

Description of Contribution

City

Street Address

State

			• • •

\$108.11 Texting service 6/7/2021 523 Hastings St. Pittsburgh, PA 15206 PA United PAC

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SCHEDULE II Part G In-Kind Contributions Received



VALUE OVER \$250

	VALUE OVER \$230	
Filer Identification Number:		· · · · · · · · · · · · · · · · · · ·
4 - 000 12 5 5 5 5 5 5 5 5 5		
Full Name of Contributor		Date (MW/DD/WWY)
House # Street Add	ress	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Princi		Occupation
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addr	ess	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Princi	pal	Occupation Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addre		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princi Place of Business	oat.	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addre	:SS	Date [MM/DD/YYYY] \$
City	State Zip Code	Date (MM/DD/YYYY) \$
Employer Name		Occupation
Employer Malling Address / Princip	oal	Description

Contribution

Place of Business

				•	•
:					
				•	

PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/4/2021	\$1,966.98 Design, printing &
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/4/2021	\$2,442.90 Staff hours

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			e.



•	schedule III Statement of Expenditures	see attached	
Filer Identification Number:			

To Whom Paid				Date [MIM/DD/YYYY] \$
to whom raid				nate (MMA) 1111
House#	Street Address			Description of Expenditure
City	Printer a printer as a participa via mais conservado a a estrador el	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
			Code	Date (MM/DD/YYYY) S
To Whom Paid				The second secon
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		in the limit of th	- 1-1000 1000 100 100 100 100 100 100 10	Data (MM/DD/AYAA)
House #	Street Address	<u>-</u>		Description of Expenditure
City	h holonous militars are to a special at the at a special activities and all holonous militars are a	State	Zip Code	
To Whom Paid				Date [MM/DD/XYYY] \$
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/AYYY) :: \$
House #	Street Address			Description of Expenditure
City		State	Ap Code	

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Date	To Whom Paid	Mailing Address	Description	Amount
06/04/2021	Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206	Design, printing &	\$1,542.06
		den latelijk. Inc. II. eden i den ratemanika i men i menerali i :		\$1,542.06

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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.

Piler Identification Number			
Name of Creditor			Outstanding Balance of Debt.
House #	Street-Address	DATE DEBT INCURRED [MM/OD/YYYY]	\$
City		State Zip Code	
Description of Debt			
Name of Creditor	331931468		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt		(1995年)	35:53
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City of the control o		State Zip	
Description of Debt		Code	
Name of Creditor		DATE DESIGNGURRED	Outstanding Balance of Debt.
	Street Address	[MM/DD/YYYY]	
City		State Zip Code	
Description of Debt	Control of the Contro	Management and Manage	
Name of Creditor House #		DATE DEBT INCURRED	Outstanding Balance of Debt.
	Street Address	[MM/DD/YYYY]	
City		State Zip Code	
Description of Debt		HAUMANNA I	33331
Name of Creditor		DATE DEBT INCURRED	Outstanding Balance of Debt
House #	Street Address	(MM/DB/YYYY)	
City		State Zip Code	
Description of Debt		日本のでは、日本のである。日本のでは、日本のでは、日本のでは、日本のである。日本のでは、日本のである。日本のでは、日本のである。日本のでは、日本のである。日本のである。日本のである。日本のである。日本のである。日本のでは、日本のである。日本のでは、日本のである。日本のでは、日本のでは	的接到

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