Commonwealth of Pennsylvania - Campaign Finance Report

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

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Filer identification Number		Report Filed By Candid (Mark X)		ındida	te		Comm	ittee			Labb	yist		
Name of Filing Committee, Can Lobbyist	didate or	Friends	to Elec	t Elspeth	Koehle	9								
Street Address		1232 W	11th S	t										
City :	HONESCOM POTRECORNA	19.0		St	ate	PA		Zip Co	de	1650	2			
Type of Report (Place x under re	port type)													
1-6 th Tuesday 2-2 nd Friday	3- 30 Day Post	۵. 6th Tu	esdav	5- 2 nd Fi	ridav	6- 30 D	ay Post	7- Ann	ual	Spec	ial 2 nd Friday	Speci	ial 30 Da	ay
Control of the Contro		Pre- Ele		Pre- Ele		Election				121 0 2 3 7 h (1 h v h v	lection		Election	
	\times													
Date Of Election (MM/DD/YYYY)	05/18/2021	Year	1440 (1411) 1440 (1411) 1440 (1411)	202	1	Amend Report	ment			Term Repo	ination irt			;
Summary of Receipts and Expenditures	From Date		To Date						For (Office	Use Only	121	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	05/03/2021		06/	/07/2021		100								
A. Amount Brought Forward Fro	om Last Report	\$	2	2827.19										
B. Total Monetary Contribution (From Schedule I)	s and Receipts		:	285.40										
C. Total Funds Available (Sum of Lines A and B)		\$	3	3112.59								•		
D. Total Expenditures (From Schedule III)		\$	3	3112.58										
E. Ending Cash Balance (Subtract Line D from Line C)		\$		0.01										
F. Value of In-Kind Contributions Received \$ (From Schedule II) 2618.0														
G. Unpaid Debts and Obligation (From Schedule IV)	S C	\$		0						-				
				Affid	avit Sec	tion								
Part 1- If this is a Committee report,	treasurer sign he	ere. If this	is a Can	ididate rep	ort, ca	ndidate si	gn here.							
I swear (or affirm) that this report, in	icluding the attac	ched sche	dules or	paper, is	to the l	best of my	knowled	ge and be	lief tr	ue, corr	ect and comple	ete.		
Sworn to and subscribed before me	this						a a	~	1	'				
day of	20					<u></u>			<i>}+</i> ;	A -				
day of		-				5	enature o	of Person	Submi	itting re	enort			
			-		Eli	zabeth C	Nawroc	ki						
Signature		_						Printed	Name	2				
My Commission expires		_			81			_		1726				
MO.	DAY YR.				А	rea Code			Day	time Te	lephone Numb	er 		
Part II- If this is a report of a Candida														
I swear (or affirm) that to the best of amended.	f my knowledge a	and belief	this poli	itical comr	nittee l	nas not vic	lated any	provision	ns of tl	he Act o	of June 3, 1937	(P.L. 133	3, NO.32	.0) as
Sworn to and subscribed before me	this													
day of	20	_	1				Cian	ature of C	andid	ate				
		-								ia (C				
Signature			. I					Printed N	ame					
My Commission expires		_					_	<u>.</u>	D		_ l			
MO. I	DAY YR.				А	rea Code			Dayti	me (el	ephone Numbe	:1		

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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 Frie Reporting Cycle		didate, or Lobby lect Elspe		cente	
☐ 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 ost-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/MM/YYYY)

Elizabeth C Nowrocki

Location (City/State/Country)

Printed Name

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:			



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

Date (DD/MM/YYYY)

Printed Name

Location (City/State/Country)

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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
Filer Identification Number		

1.Unitermized Contributions and Receipts-\$50.00 or Less per Contributor		1000000	
Total for the reporting period	(1)	\$	81.95
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)		\$	203.45
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)	\$	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, Rep Cover Page, Item B)	ort	\$	146.26 285.40

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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

				<u></u>	A
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	Amount
Committee				POLYTONIA WAR WAR AND	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Para 1995 MERIO OSTA DA SESTERARE	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]: \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Ghy	**************************************	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	m mid outing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	Hannachteleastallaiteileast	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 5	
City	hydratidaecenosecenteri	State	ZIp Code	Date [MM/DD/YYYY] \$	
Full Name of Col Committee	ntributing	- Laurence Control		Date [MM/DD/YYYY] .\$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	France Line Responded 1988	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Cor Committee	ntributing	Ment		Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	nic mari, more provided [State	Zip Code	Date [MM/DD/YYYY] \$	

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All Other Contributions

See affached

\$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]	S
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	IAMA	The street of th	Date MM/DD/YYYY	-\$
House # Street Address			Date [MM/DD/YYYY]	S
House# Street Address			Date (Will/DD/ EAR)	. ₹
City	State	Zip Code	Date MM/DD/YYYY	\$
Full Name of Contributor	2000 00 00 4 00 1 00 00 0000	JULY TOTAL STOCK TO STOCK STOC	Date [MM/DD/MM/]	Ş
House # Street Address			Date [MM/DD/YYYY]	\$
Street Address		<u> </u>	The property of the Australia Character of the Australia Control of Control o	
(dty)	State	Zip Code	Date (MM/DD/YMM)	\$
Full Name of Contributor			Date [MM/BD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$
nouse # Street Address			Date (MIM/DD/ 11-11)	
Distribution in SCAL Course	State	Zip:Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor		parameter and additional and appropriate parameter and appropriate par	Date [MM/DD/YYYY]	3
			Date (MM/DD/YYYY)	6
House # Street Address			Date (min/20/2111)	5
Cty	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor	Indianaskai		Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Gode	Date [MM/DD/XYYY]	\$



Austin, Lisa	PO Box 6132	Erie	PA	16512	5/25/2021	\$100.00 ECU Elspeth Koel
Pruveadenti, Rebecca	3005 Hastings Rd	Erie	PA	16506	5/9/2021	\$103.45 ECU Elspeth Koel

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PART C

Contributions Received From Political Committees

Over \$250.00

Gier dentification 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 Contributing Committee			Date (MM/DD/AYAY)	*
House # Street Address			Date [MM/DD/YYYY]	.5
City	State	Zip Code	Date [MM/DD/YYYY]	6
Full Name of Contributing Committee	7.2 00.0 (19.0 to 10.0	process detect of appearing that and	Date (MM/DD/WYY)	
House # Street Address			Date [MM/DD/YYYY]	*
Gity	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/AVYY)	\$
Full Name of Contributing Committee			Date (MM/DD/YYYY)	.
House # Street Address			Date [MM/DD/YYYY]	\$
City:	State	Zip code.	Date (MM/DD/AYYY)	
Full Name of Contributing Committee			Date (MM/DD/YYY)	
House # Street Address			Date [MM/DD/YYYY]	
Gity III	State	Zip Code	Date (MM/DD/XXXX)	•
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address			Date (MM/DD/YYYY)	
City	State	Zip Code	Date [MM/DD/YYYY]	4

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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] \$
House# Street Address			Date [MM/DD/XXXX] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation !
Employer Malling Address / Principal Place of Business			
Full Name of Contributor			Date (MM/DD/YYYY) \$
House # Street Address			Date [MM/DD/YYYY] \$
GHY	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/MYM] \$
House # Street Address			Date [MM/DD/MYY] \$
City :	State:	Zip Code	Date (MM/DD/YYYY) \$
Employer Name			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	ier:			
Full Name				
House #	Street Address			
City		State	ZÞ	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address		F-222 (1919)	
City		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description		(C) 13 0 000 1000 0 0 000 1 0 1	Early Set Set, Address 2/1 Set (1992) 9 (1992)	, in the second
Full Name	The sec			
	Street Address	****		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Alice Committee		
Full Name				
	Street Address			
City		State	Zip Code	Date (MM/DD/YYYY) = \$
Receipt Description				(principal and principal and p
Full Name			·	
	Street Address			
City		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description	116.00 116.00 116.00			E-A-S
Full Name		***	<u> </u>	-
House #	Street Address			
City		State	Zip Code	Date (MIM/DD/YYYY) \$
Receipt Description		- New York of the Control of the Con	The second secon	UTTOTAL

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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:			
1. UNITEMIZED IN-KIND CON	TRIBUTIONS RECEIVED-VAL	.UE OF \$50,00 C	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	67.00
		II	
2. IN-KIND CONTRIBUTIONS F	RECEIVED-VALUE OF \$50.01	l TO \$250.00 (FI	ROM PART F)
TOTAL for the reporting period	(2)	\$	108.11
3. IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER SZ50	I.UU (FRUM PAN	(I G)
TOTAL for the reporting period	(3)	\$	2442.9
TOTAL VALUE OF IN-KIND CONTRIBU			
PERIOD (Add and enter amount total on Page 1, Report Cover Page, Item F		iso enter	2618.01

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SCHEDULE II PART F

In-Kind Contributions Received

ser

VALUE OF \$50.01 TO \$250

Eller dentification Number

	÷		-		
Full Name of Contribu	itor			Date (MM/DD/XYYY)	15
15日前15日		•••	<u></u>		
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	i 5
Description of Contrib	oution				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1970-1989-1991 1987-1988-1991 1991 1991 1991 1991 1991 1991	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution		programmes and control		#ESTRICTION AND ADDRESS AND AD
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Nitro and the state of the stat	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution				
Full Name of Contribu	itora Mari			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	P. Company of the second of the second of	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	5
House #	Street Address		-	Date [MM/DD/YYYY]	•
Gity		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution		Phones (Section Control of Contro		Laterna -

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523 Hastings St. Pittsburgh, PA 15206 PA United PAC

6/7/2021

\$108.11 Texting service

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SCHEDULE II Part G

In-Kind Contributions Received

See

VALUE OVER \$250

cull Name of Contributor	Date (MM/DD/YYYY)
House# Street Address	Date [MM/DD/AYYY] \$
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 IMM/DD/YYYY) \$
House # Street Address	Date (MM/DD/YYY) \$
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] \$
City State Zip Code	Date (MM/DD/YYYYY) \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] 5
House# Street Address	Date [MM/DD/YYYY) \$
City: State Zip Code	Date [MM/DD/MYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

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 523 Hastings St.
 FA United PAC
 Pittsburgh, PA 15206
 6/4/2021
 \$2,442.90
 Staff hours

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Statement of Expenditures

See attached

			•		/
Filer identificati	on Number:				
	2243-224-22-22-22-23-24-24-24-24-24-24-24-24-24-24-24-24-24-			····	
To Whom Paid			[5 at	te [MM/DD/YYYY] \$	
House #	Street Address	·	Des	cription of Expenditure	
City	Sta	te Zip Code			
To Whom Paid			<u> Pa</u>	e [MM/DD/YYYY] \$	
House #	Street Address		Dec	scription of Expenditure	
City	Sta	te Zip Code		<u>REDUCINA NY ENERGY NO SERVENINA NY ENERGY N</u>	<u>aren aran aran aran aran aran aran aran </u>
To Whom Paid) Military		Dat	e [MM/DD/YYYY] \$	
House #	Street Address		Des	cription of Expenditure	riida kun kun kun un da. Kalandari kun
City	Sta	te Zip Gode		americani di Balbara, esse essenzia del marco de la companione del companione del companione del companione de	
To Whom Paid		4 (0000000	(Dat	e [MM/DD/YYYY] \$	
House #	Street Address		Des	cription of Expenditure	
City	ENTERININE PROPERTY AND ADMINISTRATION OF THE PROPE	te Zip Code	15 1 1 15 1 1		
To Whom Paid			Dat	e [MM/DD/YYYY] \$	
House #	Street Address	•	Des	cription of Expenditure	
City	Sta	te Zip Code			
To Whom Paid			Dat	e [MM/DD/YYYY] \$	
House #	Street Address			cription of Expenditure	
City	Sta				
To Whom Paid			2.436.610.000	e [MM/DD/YYYY] \$	
House #	Street Address	Maria Ma	Des	cription of Expenditure	
City	Sta	te Zip Code			
To Whom Paid				e [MM/DD/YYYY] \$	
House #	Street Address		Des	cription of Expenditure	

Zip Code

State

City

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Date	To Whom Paid	Mailing Address	Description	Amount
05/07/2021	Enterprise	8421 St. John Industria St. Louis, MO 60180	·	\$19.50
05/11/2021	Vantiv	8500 Governors Hill Dr Symmes Township, Ol		\$1.14
06/04/2021	Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206	Design, printing ∤	\$3,091.94
				\$3,112.58

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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.

Filer Identification Num	ber:				
Name of Greditor					Duretanding Balance of Debt
House #	Stree	Address		DEBT INCURRED IM/DD/YYYY]	5.
City		Stat	e	Zip Code	
Description of Debt				14 (1941) Ann (19	
Name of Creditor					Outstanding Balance of Debt
House #	Stree	t Address		DEBT INCURRED IM/DD/YYYY]	\$
City		Stati	e	Zip Code	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Stree	t Address	8 2 3 2 3 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5	DEBT INCURRED IM/DD/YYYY]	
City		State	e	Zip Code	
Description of Debt					
Name of Creditor			BAYE	DEBTINGURRED	Outstanding Balance of Debt
	Stree	t Address	Į.	IM/ĐĐ/YYYY]	
City		State	e	Zip Code	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Stree	t Address		DEBT INCURRED IM/DD/YYYY]	
City		Stat	e.	Zip Code	
Description of Debt					
Name of Creditor			EN1/104-104-174-174-174-174-174-174-174-174-174-17		Outstanding Balance of Debt
House #	Stree	t-Address		DEBT INCURRED IM/DD/YYYY]	
City		Siat	e	Zip Code	
Description of Debt					

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