Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed I (Mark X)	By Candida	(c 8 %)	Committee	$ \mathbf{X} $	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends to Elec	t Depend Tamb	a			
Street Address	1902c Buffalo	Rd Apt 5				
City Erie	<u></u>	State	PA	Zip Code	16501	1.1
Type of Report (Place x under report type)						-
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-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	X
Summary of Receipts and From Date	To Date	i Ž		For C	Office Use Only	
Expenditures 05/03/2021	06	/07/2021		gudador bal Berulada		a diseasing Cashi Romanian and Cashi
A. Amount Brought Forward From Last Report	\$	475.36	- 100 100 100 100 100 100 100 100 100 10	335 (1965 (A)20-15-16 (1964 (A)20-16-16-16-16-16-16-16-16-16-16-16-16-16-		Actus i primini su para mayakin mikim misa makikam misa
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	40.25				
C. Total Funds Available (Sum of Lines A and B)	\$	515.61				
D. Total Expenditures (From Schedule III)	\$	515.60				
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.01				
F. Value of In-Kind Contributions Received (From Schedule II)	\$	4962.47				
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0				
Part 1- If this is a Committee report, treasurer sign h	(fable to a Con	Affidavit Sec				
I swear (or affirm) that this report, including the atta				lge and belief tru	ue, correct and comple	te.
Sworn to and subscribed before me this			90_	-01	h	
day of20	- '1	_	- to	$\frac{9}{6}$		
	_	Eli	Signature zabeth C Nawroc	of Person Submi ki	tting report	
Signature	٦,	-		Printed Name	•	
My Commission expires	_	<u>81</u>		528-		
MO. DAY YR.		А	rea Code	Dayt	ime Telephone Numb	er
Part II- If this is a report of a Candidate's Authorized					A	(D. 14000 NO 000)
I swear (or affirm) that to the best of my knowledge amended.	and belief this pol	itical committee I	nas not violated any	provisions of the	ne Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20	- 1	_	Ci	ations of Condide		_
	_	_		nature of Candida	a.c	
Signature	, 1			Printed Name		
My Commission expires MO. DAY YR.	_		rea Code	Davetie	me Telephone Numbe	<u></u>
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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.

Friends				ba	
Reporting Cycle Cycle 1 6 th Tuesday Pre-Primary	Cycle 2 2 nd Friday Pre-Primary	② Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Specia	l 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)

Howell Chambook

Location (City/State/Country)

Printed Name

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i i			



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.

Timed Cant	06/17/2021
Signature of Treasurer, Candidate, or Lobbyist	Date (DD/MM/YYYY)
Depend Jamba	Evil PA
Printed Name	Location (City/State/Country)

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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number				

1.Unitermized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period ((1)	\$	40.25
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)		\$	0
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, Report Cover Page, Item B)	ort	\$	40.25

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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					
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Full Name of Co Committee	intributing			Date [MM/DD/XXXX] \$	
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House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House#	Street Address			Date [MM/DD/YYYY] \$	
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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.)

Full Name of Contrib	utor			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib	utor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	5
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Full Name of Contrib	utor	browners were a	Province and a second s	Date [MM/DD/YYYY]	K.E.
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of Contrib				Date [MM/DD/YYYY]	\$
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House #	Street Address			Date [MM/DD/YYYY]	\$
AOUSE #	Street Address			Date (MIN/DD/1 11)	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
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Hause #	Street Address			Date [MM/DD/YYYY]	
City	•	State	Zip Code	Date [MM/DD/YYYY]	5
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Full Name of Contrib	utor			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	
Post sur					<u></u>
City		State	Zip Code	Date [MIN/DD/YYYY]	5

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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.

Filer Identification Number:				
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	CONTROL DE STORE (CASA)			
House # Street	: Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	AND HOLD AND A STATE OF THE STA	a secution observant	Date [MM/DD/YYYY) \$	
Contributing Committee			the state of the total and the state of the	
House # Street	Address		Date [MM/DD/YYYY] \$	
Gly :	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	 Epitateriniskunnineni	Participal Extra Constitute 1	Date [MM/DD/YYYY] \$	
House # Street	: Address		Date [MM/DD/YYYY] \$	
	ALESCOSION TO THE STREET	**************************************		
City	State	Zip:Gode	Date [MM/DD/\\\\)	
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	Enternatural Contract	[Hillansen purposentitessenin]	Date [MM/DD/YYYY] \$	
raida de la composição de	Address		Date [MM/DD/YYYY] . \$	
city	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	(RHSTRUKER)	HISTORYUK KANDEN DAN ME	Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	Jiaic	Zip Code:	Date (VIN)/DD//11/11 1.5	

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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)

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Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address	- <u>-</u> -	· ···-	Date [MM/DD/YYYY] \$	
Sity	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			P. Meter resource control of the T	
Full Name of Contributor	·		Date (MM/DD/YYYY) \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Siby	State	Zip Code	Date [MM/DD/XXXV] \$	
Employer Name	. Bassar at any		Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/OD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City processing the state of th	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] S	
				<u></u>
House # Street Address			Date (MM/DD/YYYY) \$	
City	State	Zip Code	Date (MM/DD/YYYY) \$	
Employer Name	Processor consensition de la little de la consensition de la consensit	ever commenced and a first of	Occupation	
Employer Mailing Address / Principal Place of Business			Noneman Antistraction Visit Inc.	

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 Numi	ber:				·
Full Name					
House #	Stre	et Address			
City			State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description					A STATE OF THE STA
Full Name					
House #		et Address			
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Full Name					
House #	Stree	et Address		· · · · · · · · · · · · · · · · · · ·	
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		·	Entherity and	France TRANSPORTER	. Hebres

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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 CONTR	RIBUTIONS RECEIVED-VALUE OF \$50	0.00 C	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	59.94
2. IN-KIND CONTRIBUTIONS REC	GEIVEDZVALUEROJEIS507014TOJS2501	.DO (F	ROM PART F)
			
TOTAL for the reporting period	(2)	\$	108.11
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250.00 (FRON	/ PAR	TG)
TOTAL for the reporting period	(3)	İs	en ja ja ja kali kunneksi kali kensa kensa kanan mendiri berendi. Kensa kensa kensa kensa kensa kensa kensa ke T
TOTAL TOT THE PEPOLETING PETION	(3)		4794.42
TOTAL VALUE OF IN-KIND CONTRIBUTION		\$	
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; also enter		4962.47

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SCHEDULE II PART F

In-Kind Contributions Received



VALUE OF \$50.01 TO \$250

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Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
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House #	Street Address			Date [MM/DD/YYYY]	\$
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Description of Contrib	ution				

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SCHEDULE II Part G

In-Kind Contributions Received



VALUE OVER \$250

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Full Name of Contributor		1	Date [MM/DD/YYYY]	
House# Street Address				\$
City	State Zi	p Code	200 C.S. 730 03 00000 100 100 100 100 100 100 100	
Employer Name			Occupation	
Employer Malling Address / Principal Place of Business			Description of Contribution	
Full-Name of Contributor				
House # Street Address				
City	State Zi	p Code		Š
Employer Name		20 20 20 20 20 20 20 20 20 20 20 20 20 2	Occupation	<u> </u>
Employer Mailing Address / Principal Place of Business			Description of: Contribution	
Eu Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address				
City	State Zi	p Code	A Company of the Comp	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution	
Full Name of Contributor		0.011	de 11 a M. C. Lagrage de 12 a Maria de 1	
House # Street Address	·			
City	State Zi	piCode.		
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business		100 miles	Description of Contribution	

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PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/4/2021 \$2,351.52 Des	\$2,351.52	\$2,351.52 Design, printing &
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/4/2021	\$2,442.90	\$2,442.90 Staff hours

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Statement of Expenditures



Filer Identification Number:	
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To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expenditu	re
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Amount	8 2	 \$55
Description	Design, printing &	
Mailing Address	PO Box 5288 Pittsburgh, PA 15206 Design, printing ℓ	
To Whom Paid	06/04/2021 Sequal Consulting	
Date	06/04/2021	

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