## **Commonwealth of Pennsylvania - Campaign Finance Report**

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

Filer identification Number	Report Filed ( Mark X)	By Candida	te	Committee		Jobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Ken	ndrick Tate	***************************************	ad Abayaha ay as ahaha as as ah ahanaga	935220004(27);; 45324(1.75); [	
Street Address	1114 W 10th S	St .				-
<b>City</b> Erie	Alika	State	PA	Zip Code	16502	
Type of Report (Place x under report type)						
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day F Pre-Primary Pre-Primary Primary	ost 4-6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
						A CONTRACTOR AND A CONT
Date Of Election (MM/DD/YYYY) 05/18/202	Year 1	2021	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Dat	e		For C	Office Use Only	
Expenditures 05/03/2	021 06	6/07/2021		ilmataras Gundana		
A. Amount Brought Forward From Last Re	port \$	1551.20		(A)	XXXX	
B. Total Monetary Contributions and Rece (From Schedule I)		40.25				
C. Total Funds Available (Sum of Lines A and B)	\$	1591.45				
D. Total Expenditures (From Schedule III)	2000	1091.44				
E. Ending Cash Balance (Subtract Line D from Line C)	\$	500.01				
F. Value of in-Kind Contributions Received (From Schedule II)	\$	3251.06				
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0				. <u> </u>
Part 1- If this is a Committee report, treasurer sign	-n have (fthis is a Car	Affidavit Sec			· <del></del>	<del>.</del>
I swear (or affirm) that this report, including the	attached schedules o	n paper, is to the	hest of my knowled	ge and belief tru	e, correct and comple	ete.
Sworn to and subscribed before me this			Go	Q	1/2	
day of20	1	_	- TO			_ <del></del>
		Eli	Signature o zabeth C Nawrock	of Person Submi ki	tting report	
Signature				Printed Name		
My Commission expires	•	81	4	528-	1726	
MO. DAY	YR.	A	rea Code	Dayt	ime Telephone Numb	er
Part II- If this is a report of a Candidate's Author	zed Committee, cand	lidate shall sign he	ere.		<u> </u>	
I swear (or affirm) that to the best of my knowled amended.				provisions of th	e Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20		_				
	ļ.		Sign	ature of Candida	ate	
Signature	,	_		Printed Name		
My Commission expires		A	rea Code	 Davtir	ne Telephone Numbe	 r
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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.

All and a second se	of Kend	didate, or Lobby rick tate			
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	☐ <b>Cycle 2</b> 2 <sup>nd</sup> Friday  Pre-Primary	30 Day Post Primary	6 <sup>th</sup> T	Cycle 4 Tuesday Election	□ <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8  2 <sup>nd</sup> 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/MM/YYYY)

Elizabeth C Nawrocki

Erie, PA

Printed Name

Location (City/State/Country)

	r



#### **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

Nendrick Take

Printed Name

Doc [16] 2021

Date (DD/MM/YYYY)

Ene, PA, USA

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)	\$ 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)	\$ 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 Number

				<u></u>	
					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee				# (5/40) # (	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	PRESENTATION OF THE PROPERTY O	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
Committee		•		100 mm	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	The second secon	State	Zip Code	Date [MM/DD/YYYY] S	
				100 mm m m m m m m m m m m m m m m m m m	
Full Name of Cor Committee	ntributing	_ <del>_</del>		Date [MM/DD/YYYY] \$	_
House #	Street Address			Date [MM/DD/YYYY] \$	
City	• c	State	Żip Code	Date [MM/DD/YYYY] \$	
				F. C.	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
	Su cer Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		Jule			
	(121K/1612/249/94)			Date [MM/DD/YYYY] \$	
Full Name of Cor Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
		no account	The Control of the Co		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	les Emanas de la compansión de la compan			Date [MM/DD/YYYY] S	
Full Name of Cor Committee				vate livin/DD/11111	
House #	Street Address			Date [MM/DD/YYYY] \$	-
				Firm Local Character State (Character State Character State Ch	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

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# 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 I	Number:					
Full Name of Con	tributor			Date (MIX	/DD/YYYY] \$	
	i Tais-dial Phalactas					
House#	Street Address			Date MM	/DD/YYYY] S	
City		State	Zip Code	Date (MM	/DD//YYY] \$	• == 411
Full Name of Cont	ributor		PRESENTATION CONTINUES.	⊋Date (MM	/DD/YYYY] \$	
House #	Street Address			Date MM	/DD/YYYY] \$	
City		State	Zip Code	Date IMM	/DD/YYYY] \$	
Full Name of Cont	rributor			Date (MM	/DD/YYYJ \$	
House#	Street Address	и		Date [MM	/DD/YYYY] \$	
City	EGNINECHNISTERVALISTER	State	Zip Code	Date (MM	/DD/YYYY] \$	
Full Name of Cont	ributor			Pare (MM	/DD/YYYY] \$	_
House #	Street Address			■Pate (MM	/DD/YYYY] \$	
City		State	Zip Code	Date (MM	/DD/YYYY] \$	-
Full Name of Cont	ributor			MW) Socie	/DD/YYYY] \$	
House #	Street Address			Date IMM	/DD/YYYY] \$	-
City	EORISSELSSISSISTELSSISSISSISSISSISSISSISSISSISSISSISSISSI	State	Zip Code	Date MM	(DD/YYYY) \$	
Full Name of Cont	ributor			Date (MM)	/DD/YYYY) \$	
House #	Street Address			13.0 3 50 20.0 TO 20.0 TO 60 70 00 00 00 00 00 00 00 00 00 00 00 00	/DD/YYYY) \$	
City	Bartening and Section (	State	Zip Code	#Pātē (M/V)	/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 Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A	Address		Date (MM/DD/AYYY) \$	
City :	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street A	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of			Date [MM/DD/YYYY] 5	
Contributing Committee  House # Street A	Address		Date [MM/DD/YYYY] \$	
City I	State	Zip code	Date [MM/DD/YYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	·· <del>-</del> ···
Contributing Committee				
House # Street A	ddress		Date [MM/DD/YYYY] \$	_
GIV.	State	Zip Code	Date MM/DD/XXXXI \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
Gity	State	Zip code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 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)

Filer Identification Number:				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business	ntspusie (Lei La line) ausge			
Full Name of Contributor			Date IMM/DD/YYYY) \$	
House # Street	Address		Date (MM/DD/YYYY) \$	
diy	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] 5	
House # Street	Address		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] 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] 5	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business	10,700,700,000   12,700,700,000   13,100,000,000,000,000,000,000,000,000,0			

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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	<b>98</b>			
				-
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		)	Control of the Contro	FANNOT.
Full Name				
House #	Street Address		****	
City		State	Zíp Code	Date [MM/DD/YYYY] \$
Receipt Description			E-INVASIANA	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			kia maaning pard	Reserved
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Security of the Control of the Contr	
Full Name				
	Street Address			
City	14   10	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	11.200	<u>Eracustustus</u>		(AMAZES)
Full Name				
House #	Street Address			
City		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:			
		IANE AR OUT COLUMN	
1. UNITEMIZED IN-KIND CONT	RIBUTIONS RECEIVED-VALUE OF \$50	0.00	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	59.94
2. IN-KIND CONTRIBUTIONS R	EGELVEDEVATUIE(O); \$50(0): (O)\$2507	00 (F	ROM PART 6)
TOTAL for the reporting period	(2)	\$	108.11
3. IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$250.00 (FROM	1 PAN	
TOTAL for the reporting period	(3)	\$	3083.01
TOTAL VALUE OF IN-KIND CONTRIBUT		\$	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F			3251.06

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# SCHEDULE II PART F

## **In-Kind Contributions Received**



VALUE OF \$50.01 TO \$250

Filer Identification Number:

Full Name of Contributor			Date [MM/DD/YYYY] \$	-
House # Str	reet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contributi	ion			<u>-</u>
habite double of the later				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Str	reet Address	•	Date [MM/DD/YYYY] \$	
a sala da d	Majori mini			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contributi	on all the second			
Full Name of Contributor	***************************************		Date [MM/DD/YYYY] \$	<u> </u>
House # Str	eet Address		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] S	<del></del> -
Description of Contributi	On		C14E39	
Full Name of Contributor			Date [MM/DD/YYYY]   \$	
Full Maine of Contributor			Passionman and 3	
a Early Cally Court in This			o con the second of the second	
House # Str	reet Address		Date [MM/DD/YYYY] \$	
-City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	On the same of the			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
			e de la companya de	
House # Str	reet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
		He of the second of		
Description of Contribution	on			

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

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VALUE OVER \$250	See Received attached
Filer Identification Number:	
	and the state of t
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 of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Gode	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 Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DJD/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

Description

Contribution

PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/4/2021	\$640.11 Design, printing &
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/4/2021	\$2,442.90 Staff hours

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# Statement of Expenditures



Flier Identification Number:	

To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
Gity		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/YYYY] \$	
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/YYYY] \$	
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 Pald				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Gode		

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Date	To Whom Paid	Mailing Address	Description	Amount
05/07/2021	Enterprise	8421 St. John Industria St. Louis, MO 60180	i i	\$19.50
06/04/2021	Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206	Design, printing {	\$1,071.94
t				
3				\$1,091.44

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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 Numb	ers			
Name of Creditor				Outstanding Balance of Pebi
House #	Street /	Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip	
Description of Debt			Code	The state of the s
Name of Creditor				Outstanding Balance of Debt
House #	Street /	Address	DATE DEBT INCURRED [MM/DD/YYYY]	The second of the second secon
City		State	Zip. Code	
Description of Debt		and the second	I SCORE	
Name of Creditor				Gutstanding Balance of Debt
House #	Street A	Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>  5</b>
City		State	ZĮp	- 1
Description of Debt			Code	
Name of Creditor		entreachard and the	DATE DEBT INCURRED	Outstanding Balance of Debt.
House #	Street #	Address	[MM/DD/YYYY]	
City		State	Zip. Code	
Description of Debt			2	
Name of Creditor	Chrost I	Address	DATE DEBT INCURRED	Outstanding Balance of Debt
	inec.	Adoless 	(MM/DD/YYYY)	
City		State	Zip Code	
Description of Debt				
Name of Creditor House #	Street /	Address	DATE DEBT INCURRED	Outstanding Balance of Debt
			[MM/DD/YYYY]	
City		State		
Description of Debt				

			•	