Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

apprinteration contraction of the contraction of th

Filer Identification Number				Report Filed By Candidate Committee Lobbyist Lobbyist												
Name of Filing Co Lobbyist	ommitte	e, Ca	ndidate or	Frier	ids to Elec	t Leatra 1	ate									
Street Address				503	W 10th St								-			
City	Erie	9	uar-tuserionaria-setus	State				PA Zip Code 16502			_					
Type of Report (P	lace x u	nder r	eport type)													
1- 6 th Tuesday 2 Pre-Primary I	2- 2 nd F Pre-Prin	* ** * * * * * * * * * * * * * * * * * *	3- 30 Day Post Primary	4-6 th Tuesday 5-2 nd Fri Pre-Election Pre-Elec				6-30 D Election	*****************	7- Ann	ual	Special Pre-Elec	2 nd Friday :tion		ial 30 l Electio	
			X													
Date Of Election (MM/DD/YYYY)			05/18/2021	Yea		202	1	Amend Report	ment			Termina Report	ition			
Summary of Receipts and From Date			Jobac				For Office Use Only									
05/03/2021						/07/2021										
A. Amount Broug					4	2715.16										
B. Total Monetary Contributions and Receipt (From Schedule I)						116.26										
C. Total Funds Available (Sum of Lines A and B)				•	2	2831.42										
D. Total Expenditures (From Schedule III)				\$ 2831.41												
E. Ending Cash Balance (Subtract Line D from Line C)					5	0.01										
F. Value of In-Kin (From Schedule II		butio	ns Received	,	3	3290.76										
G. Unpaid Debts : (From Schedule IV		Igatio	ns	\$ 0												
							avit Sec									
Part 1- If this is a Co I swear (or affirm) the										ge and be	lief tr	ue, correct	and comple	te.		
Sworn to and subsci	ribed bef	ore me	e this					Oc	,	<u> </u>	4	1				
day of			20	_	.1			-71	7	<u>> U</u>	<u>///</u>		> ,			
					-		Eli	s zabeth C			Subm	itting repo	nt 			
Si	gnature				,					Printed	Name	9				
My Commission exp				_			81			_		1726				
	M	0.	DAY YR.				А	rea Code			Day	time Telep	hone Numbe	er		
Part II- If this is a rep I swear (or affirm) the amended.							_		lated any	provision	s of t	he Act of Ju	ıne 3, 1937 (P.L. 133	3, NO.3	320) as
Sworn to and subscr	ibed bef	ore me	this													
day of			20		٠,											
							· · ·	Sign	ature of C	andid	late					
Signature				_						Printed Na	ame					
My Commission exp	ires MC),	DAY YR.	_				rea Code	_	_	Dayti	me Teleph	one Number	.		

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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

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.

	Committee, Can NoW to E Name			ate	
☐ 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 st-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)

bein C Nawrock

Location (City/State/Country)

Erie, PA

Printed Name

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Pennsylvania Department of State

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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)

6/16/2021

Leatra Taxe

Printed Name

Ere, 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) [116.26
55. H . Par to lay 1 superport 17.7 to 18.4 to 2.1 de 2.4 to 1.2 to 2.4 to 1.2 to 2.4 to 1.4		STATE AND
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)	15	0
	٠,	
Total for the reporting period (2)) \$	· o
3. Contributions Over \$250.00 (From Part C and Part D)		
Held Benefit and the High Information of the Property of the Committee of		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Tatal fautha nanatin	٠,	
Total for the reporting period (3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
AND INCOME THE PROPERTY OF THE		
Total for the reporting period (4)	\$	o
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)		116.26

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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				
				Amount	
Full Name of Con Committee	tributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$,
Gisy		State	Zip Code:	Date [MM/DD/XYYY] \$	
Full Name of Con Committee	Tibuting	72000727347347347	29 EU-C-190-9 (1999) (1992)	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
ety.		State	Zip code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City.		Sete	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing			Date [MM/DD/YYYY] \$	
	Street Address			Date [MM/DD/YYYY] \$	
E AND COCCUMENTO COCCU	International desirement	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	ributing		1990-2-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	Date (MM/DD/YYYY) \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gly	pre, ro-tweeperoxeeouse	State	Zip Code	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.)

Filer Identification Number:			•	
Full Name of Contributor	 : . <u></u>		Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/OD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		FIRMALARIA	Date [MM/DD/YYYY] \$	
	et Address		Date (MM/DD/YYYY) \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	00 30 ca a sana land	Par Walker Strate Control of the Con	Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of Contributor	HAMMAGAKKA	社会知识社会社会社会社会社会社会社会社会社会社会社会社会社会社会社会社会社会社会	Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		POSTAGEMENT	Date (MM/DD/YYYY) \$	
	t Address		Date [MM/DD/YYYY] \$	
City.	State	Zip Gode	Date (MM/DD/YYYY) \$	
Full Name of Contributor			Date MM/DD/AYYY	
House # Street	t Address		Date [MM/DD/YYYY] \$	_
City	State	Zip Code	Date [MM/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) \$	
House# Stre	et Address		Date [MM//DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee			amounted and common a section of the part of the first part of the	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	HARMON AND AND AND AND AND AND AND AND AND AN	Hillimbi bira bernansaku	Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
Giy	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5	
	et Address		Date [MM/DD/YYYY] \$	
City:	State	∕2ip Gode	Date [MM/DD/YYYY] \$	
	湖南南			
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
Giy.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	****
City	State	zip Gode	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:			
				SCALA A HINNE PHINE WHITE A HAND A HAND A HAND A SCALAR
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
Glty -		State	Zip Code	Date[MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Principal Place of	Business			
Full Name of Con				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	i Este de Company de la Galleria de la Company de la Co Company de la Company de l			Occupation
Employer Mailing Principal Place of	Business			
Full Name of Con				Date (MM/DD/AAAA)
House #	Street Address	E-fy-su-second-s	ESSALEZHANISZURIA LIMATICA	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MIM/DD/YYYY] S
Employer Name				Occupation
	Address / Business			
Full Name of Cont				Date IMM/DD/XXXXI
House #	Street Address		EAST-LIST AND THE STATE OF THE	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM//DD/YYYY] \$
Employer Name		***		Occupation
comployer 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 Num	ber:			
F-316-42	[MAXTERNAM]			
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		(1000000000000000000000000000000000000	Event Marie des receits dans	Francis
Full Name				
House #	Street Address			
City	Section 2 - Sectio	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	METALE METALE			
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		http://www.	Entrantisment of	PONTE
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] . \$
Receipt Description				Parastant
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	eadous Marian Marian	ists allows	<u>Colored Divide</u> ·	建铁
Full Name				
House#	Street Address		.	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	i in			

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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 \$5	0.00	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	62.13
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	108.11
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250.00 (FROI	VI PAF	TG)
TOTAL for the reporting period	(3)	\$	3120.52
TOTAL VALUE OF IN VIND CONTRIBUTE	ONE DUDING THE DEPORTING	1 6	
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		\$	3290.76

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SCHEDULE II PART F

In-Kind Contributions Received



VALUE OF \$50.01 TO \$250

Filer Identification Number:

Full Name of Contrib	utor			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	3
City	APPRATOR OF THE PROPERTY.	State	Zip Code	Date [MM/DD/YYYY]	[B
Description of Contri	bution		E STATE OF THE STA		
Full Name of Contrib	utor			Date [MM/DD/YYYY]	
				White the control of	
House#	Street Address			Date [MM/DD/YYYY]	
e de la companya de Para superior de La companya de la co					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri		44			
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
	andilari Analog				
House#	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY)	\$
Description of Contri	oution				
				Inc	
Full Name of Contribu	IROF			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
City	J	State	Zip Code	Date (MM/DD/YYYY)	
Description of Contrib	ution	**************************************	Description of the second		28843
Full Name of Contribu	itor			Date [MN/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code		
Description of Contrib	i i i i i i i i i i i i i i i i i i i				
DESCRIPTION OF COURTS					

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	Commission of the second secon		
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

Filer Identification Number:

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
	Occupation .
Employer Mailing Address / Principal	Description
Place of Business	of
	Contribution
Full Name of Contributor	Date (MM/DD/YYYY) \$
80, p. 41, 127, 110, 112, p. 11, 110, 110, 110, 110, 110, 110, 110,	
House # Street Address	Date [MM/DD/YYYY] \$
3treet Audress	
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
	CARRENO DE CARACTERIA
Employer Mailing Address / Principal	Description
Place of Business	of
II Jilling ARKING HEALTH PRESENTATION OF THE PROPERTY OF THE P	Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
715 Aug. 715	Pate (Min/PP/C 1)
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of the second
	Contribution
Full Name of Contributor.	Date (MM/DD/AYYY)
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of
	Contribution
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PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/4/2021	\$677.62 Design, printing &
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/4/2021	\$2,442.90 Staff hours

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SCHEDULE III Statement of Expenditures



Filer Identific	cation Number:			
To Whom Pa	36			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	File Kull denote the community	State	Zip Code	HETHER THE SACRATURE OF
To Whom Pa	aid .			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Parities and a contract	State	Zip Code	
To Whom Pa	ald .			Date (MM/DD/YYYY) \$
House #	Street Address			Description of Expenditure
City	FALL	State	Zip Code	OHEROTOMACONATO
To Whom Pa	lid.			Date [MM/DD/WYY]
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pa				Date [MM/DD/YYYY] \$
House #	Street Address	- CHAPLAN AND SERVE		Description of Expenditure
City		State	Zip Code	
To Whom Pa				Date IMM/DD/XXXXI S
House #	Street Address	Table managed		Description of Expenditure
City		State	Zip Ecde	
To Whom Pa	a zimijak menduk			Date [MM/DD/YYYY] \$
House #	Street Address	Name of the same o	**************************************	Description of Expenditure
City	- The second of	State	Zip Gode	
To Whom Pai				Date (MIM/DD/YYYY) \$
House #	Street Address		*************************************	Description of Expenditure
City		State	Zip 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 &	\$2,831.41
-				
	THE CONTRACT OF THE CONTRACT O			**************************************
1991 1991		1		\$2,831.41

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