


Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	46-2671624	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	CommitteeTo Elect Ed DiMattio							
Street Address	541 Colt Station Road							
City	Waterford	State	PA	Zip Code	16441			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	11/02/2021		Year	2021		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6-8-2021	10-18-2021	
A. Amount Brought Forward From Last Report	\$	74.74	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2175.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2249.74	
D. Total Expenditures (From Schedule III)	\$	2173.84	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	75.90	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1875.00	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.



Signature of Person Submitting report

Brenda S DiMattio

Printed Name

814

Area Code

449-7520

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.



Signature of Candidate

EDWARD J. DIMATTIO JR.

Printed Name

814

Area Code

449-9259

Daytime Telephone Number



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.**

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input checked="" type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-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.

Brenda S. DiMattio
Signature of Treasurer, Candidate, or Lobbyist

Brenda S. DiMattio
Printed Name

10/22/2021
Date (DD/MM/YYYY)

Erie PA USA
Location (City/State/Country)



Pennsylvania Department of State

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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.

Edward J. DiMatti Jr.

Signature of Treasurer, Candidate, or Lobbyist

10-22-21

Date (DD/MM/YYYY)

EDWARD T. DiMATTI JR.

Printed Name

ERIE, PA. USA

Location (City/State/Country)

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	46-2671624		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 100.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	650.00
Total for the reporting period		(2)	\$ 650.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	1425.00
Total for the reporting period		(3)	\$ 1425.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 2175.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	2175.00

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:	46-2671624
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Full Name of Contributor		Edward T DiMaggio Jr (Committee Loans)				Date [MM/DD/YYYY]	\$	200.00
						08/05/2021		
House #	541	Street Address		Colt Station Rd		Date [MM/DD/YYYY]	\$	100.00
						08/31/2021		
City	Waterford	State	PA	Zip Code	16441	Date [MM/DD/YYYY]	\$	150.00
						10/12/2021		
Full Name of Contributor		Michael Wilkosz				Date [MM/DD/YYYY]	\$	50.00
						08/31/2021		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16504	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Thomas Scully				Date [MM/DD/YYYY]	\$	150.00
						09/15/2021		
House #	529	Street Address		West Sixth Street		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16507	Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

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:	46-2671624
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Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Edward T DiMattio Jr (Committee Loans)						09/15/2021			700.00
House #	541	Street Address				Date [MM/DD/YYYY]		\$	
		Colt Station Road				09/27/2021			725.00
City	Waterford			State	PA	Zip Code	16441	Date [MM/DD/YYYY]	\$
Employer Name		La Nuova Aurora Society				Occupation		Restaurant Manager	
Employer Mailing Address / Principal Place of Business		1518 Walnut St. Erie, Pa 16502							
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/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/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									

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	46-2671624
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To Whom Paid		Fort LeBoeuf Historical Society				Date [MM/DD/YYYY]	\$	44.00
		07/16/2021						
House #		Street Address	PO Box 622			Description of Expenditure		
City	Waterford	State	PA	Zip Code	16441	Donation		
To Whom Paid		DeSantis Signs				Date [MM/DD/YYYY]	\$	190.80
		08/06/2021						
House #	540	Street Address	West 18th St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Cost of Signs		
To Whom Paid		DeSantis Signs				Date [MM/DD/YYYY]	\$	223.60
		09/02/2021						
House #	540	Street Address	West 18th St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Nail Files for advertisements		
To Whom Paid		DeSantis Signs				Date [MM/DD/YYYY]	\$	900.00
		09/17/2021						
House #	540	Street Address	West 18th St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Yard Signs		
To Whom Paid		DeSantis Signs				Date [MM/DD/YYYY]	\$	715.44
		09/28/2021						
House #	540	Street Address	West 18th St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Yard Signs		
To Whom Paid		Kirk McCaslin				Date [MM/DD/YYYY]	\$	100.00
		10/08/2021						
House #	4737	Street Address	N Wayside Dr			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Donation		
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				

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 Number:	46-2671624
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Name of Creditor		Edward T DiMattio Jr						Outstanding Balance of Debt	
House #	541	Street Address	Colt Station Rd			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
						08/05/2021			
City		Waterford	State		PA	Zip Code	16441		200.00
Description of Debt		Committee Loan							

Name of Creditor		Edward T DiMattio Jr						Outstanding Balance of Debt	
House #	541	Street Address	Colt Station Rd			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
						08/31/2021			
City		Waterford	State		PA	Zip Code	16441		100.00
Description of Debt		Committee Loan							

Name of Creditor		Edward T DiMattio Jr						Outstanding Balance of Debt	
House #	541	Street Address	Colt Station Rd			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
						09/15/2021			
City		Waterford	State		PA	Zip Code	16441		700.00
Description of Debt		Committee Loan							

Name of Creditor		Edward T DiMattio Jr						Outstanding Balance of Debt	
House #	541	Street Address	Colt Station Rd			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
						09/27/2021			
City		Waterford	State		PA	Zip Code	16441		725.00
Description of Debt		Committee Loan							

Name of Creditor		Edward T DiMattio Jr						Outstanding Balance of Debt	
House #	541	Street Address	Colt Station Rd			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
						10/12/2021			
City		Waterford	State		PA	Zip Code	16441		150.00
Description of Debt		Committee Loan							

Name of Creditor								Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State			Zip Code			
Description of Debt									