

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By ((Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends to Elect Laur	en Gillespie	Transient County of the County	
Street Address	938 Colony Dr			
City Erie		State PA	Zip Code 16505	
Type of Report (Place x under report type)				
i - 6 th Tuesday 2- 2 nd Friday 3-30 Day Pos	And the second property of the second property of the second party			
Pre-Primary Pre-Primary Primary .	Pre-Election Pr	e- Election Election	Pre-Election	Post-Election
		\times		
Date Of Election (MM/DD/YYYY) 11/02/2021	Year	2021 Amendm Report	nent Termination Report	To the second of
Summary of Receipts and From Date	To Date		For Office Use Only	
Expenditures 06/07/202	1 10/18/	2021		
A. Amount Brought Forward From Last Repo	rt \$ 0.0	01		olo: Lanka arasku uru kuus - jaku
B. Total Monetary Contributions and Receipt (From Schedule I)	252	.08		
C. Total Funds Available (Sum of Lines A and B)	\$ 252	.09	ERIE COUNTY	
D. Total Expenditures (From Schedule III)	\$ 0		OCT 22 2021	
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 252	.09	VOTER REGISTRATION	
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 1469	9.89		
G. Unpaid Debts and Obligations (From Schedule IV)	,	•		
	of Ground States and	Affidavit Section		
Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the att				molete
Sworn to and subscribed before me this	, , , , , , , , , , , , , , , , , , ,	G0-	- Maux	
day of20	_ '1	Clty	~ C (and	
	<u> </u>	Šig Elizabeth C Na	nature of Person Submitting report wrocki	
Signature	_		Printed Name	
My Commission expires	**************************************	814	528-1726	
MO. DAY YF	t.	Area Code	Daytime Telephone N	umber
Part II- If this is a report of a Candidate's Authorize				
I swear (or affirm) that to the best of my knowledge amended.	e and belief this politica	l committee has not viola	ated any provisions of the Act of June 3, 1	937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this		1	- Ah.	
day of20		Save	n Willespie	•
	ļ.	Lauren Gillesp	Signature of Candidate	
Signature	_ ,		Printed Name	
My Commission expires		~ 		E
MO. DAY YR.		Area Code	Daytime Telephone Nu	mper

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)	\$	96.59
2. Contributions of \$50.01 to \$250.00 (From Part A and Part 8)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	155.49
Total for the reporting period	(2)	\$	155.49
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	(<u>4</u>)	İς	

252.08

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)

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 Contributing Committee			Date [MM/DD/YYYY] . \$	
House # Street Address			Date [MM/DD/YYYY] 5	
City	State	Zip Godes	Date [MM/DD/YYYY] \$	
			The second secon	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] S	
	State	Zio Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DB/YYYY] \$	
Giy	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MIM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
GIST AND	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/YYYY] \$	

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:

		******		<u> </u>
Full Name of Contributor	SEE ATTACHED		Date [MM/DD/YYYY]	\$
House # Stree	et Address		Date [MM/DD/YYYY]	\$
City :	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Paradian American Control		Date [MM/DD/YYYY]	\$
House # Stre	et Address		Date [MM/DD/YYYY]	\$
Eity	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
	et Address		Date [MM/DD/YYYY]	. .
Cley	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	
	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
	et Address		Date (MM/DD/YYYY)	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$

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 # Street Address			Date [MM/DD/YYYY]	\$
Fig. 2 (2.4)				·
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		- 1	Date (MM/DD/YYYY)	\$
House # Street Address			Date [MM/DD/YYYY]	
City	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/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	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/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYY]	\$
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:

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] 5
City	State	Zip Code	Date [MM/DD/YYYY] \$
			A comment of the second of the
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		(An Andread Andread Statement Statem	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		Language part of a many 8 happings comprehensives of	Occupation
Employer Mailing Address / Principal Place of Business			10-12-20 ST CHEST AND
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MIM/DD/YYYY]
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Propagation (Paris)		Occupation
Employer Mailing Address / Principal Place of Business			1 September September September Schaffel September 1 September Sep

PART E

Other Receipts

REFUNDS, INTREST 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 Numbe				
Full Name				
House #	Street Address	,		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	12.00			
Full Name				
	Street Address		TANDA MENANDA MANANA MANANA	
City distribution of the control of		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	67 51 72 18 1 2 1		11 12 11	
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				Parameter and the second
Full Name				
	treet Address			
City A		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1000 1000 1000		Real and the second of the sec	NEESEL
Full Name				·
	treet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Section (Control of Control of Co	I Fairme
Full Name				
	treet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		•		

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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	ITRIBUTIONS RECEIVED-VALUE OF \$5	טיטיר ר	OR LESS PER CUNTRIBUTOR
TOTAL for the reporting period	(1)	\$	151.77
2. IN-KIND CONTRIBUTIONS	RECEIVED-VALUE OF \$50.01 TO \$250	.00 (FI	ROM PART F)
TOTAL for the reporting period	(2)	\$	116.62
3. IN-KIND CONTRIBUTION R	ECEIVED-VALUE OVER \$250.00 (FRO)	A PAR	TG)
TOTAL for the reporting period	(3)	\$	1,027.75
•	als from boxes 1, 2, and 3; also enter	\$	
on Page 1, Report Cover Page, Item	F)		1,469.89

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:				***
Full Name of Contributor	SEE ATTACHED		Date [MM/DD/XYAY] \$	
House # Stree	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	at Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	t Address		Date [MM/DD/YYYY] \$	
City Description of Contribution	State .	Zip Code	Date [MM/DD/YYYY] \$	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:				

Full Name of Contributor	SEE ATTACHED		Date [MM/DD/YYYY] \$
House # Street /	Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Managa 1 4 1 (a)		Occupation
Employer Mailing Address / Pr Place of Business	rincipal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A	ddress		Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Pr Place of Business	incipal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Pr Place of Business	incipal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A	ddress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date (MM/DD/YYYY) \$
Employer Name	nesaladığı. Bilistendin		Occupation ::
Employer Mailing Address / Pr Place of Business	incipal		Description of Contribution

Statement of Expenditures

Filer Identification Number:			
Filer identification Number:			
E E E E E E E E E E E E E E E E E E E			

	•		
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	- N/I		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] 5
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 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:		
Name of Creditor House # Stre City	DATE DEBT INCURRED [MM/DD/YYYY] State Zip	ebt
Description of Debt Name of Creditor House # Street	Outstanding Balance of Di Part Address DATE DEBT INCURRED \$	ebt
City Description of Debt	State Zip Code	
Name of Creditor House # Stree City	Outstanding Balance of Detect Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip	ebt
Description of Debt Name of Creditor House # Stre	Code Outstanding Balance of Do Pet Address DATE DEBT INCURRED [MM/DD/YYYY]	ebt
City Description of Debt Name of Creditor	State Zip Code Outstanding Balance of De	elat
House # Stree	DATE DEBT INCURRED \$ [MM/DD/YYYY] State Zip Code	
Name of Creditor House # Street	Outstanding Balance of Direct Address DATE DEBT INCURRED [MM/DD/YYYY]	ebt
City Description of Debt	State Zip Code	

PART B: All other contributions \$50.01-\$250	ibutions \$50.01-\$250	TO A STATE OF THE			a to a de de transmission de transmission de transmission de transmission de transmission de transmission de t		And the second s
Baer, Robert	2704 S Sherman St	Englewood	СО	80113	9/27/2021	\$51.83	
Baer, Robert	2704 S Sherman St	Englewood	CO	80113	9/29/2021	\$51.83	
Nwachukwu, Martha	2635 Chestnut St Apt 1 Erie	Erie	PΑ	16508	10/18/2021	\$51.83	
PART F: In-Kind Contributions \$50.01-\$250	ibutions \$50.01-\$250	AND THE STATE OF T	de de la comunitation de la company de la condition de la cond				
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/10/2021	\$53.1	\$53.18 EveryAction subscription	cription charges	n charges EveryAction	PO Box 392264 Pittsburgh, PA 15251
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	10/5/2021	\$63.4	\$63.44 Staples - printing		Staples	1924 Keystone Drive Erie, PA 16509
PART G: In-Kind Contributions over \$250	ributions over \$250		Afternation with the Life in the Complete continues and the contin	- West of the state of the stat	armien, en er emenementleden), ellen iv pred till i He an led Hold tilled Udd		The second secon
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	10/18/2021	\$1,027.7	\$1,027.75 Staff time	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	PA United	841 California Ave. Pittsburgh, PA 15212



ERIE COUNTY

OCT 22 **2021**VOTER REGISTRATION

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 Friends to Elect Lauren Gillespie							
Reporting Cycle	10.01010.0001.000	o Elect Lauren	Gillesp		en e		
☐ 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 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-Special Election		☐ 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.

Signature of Treasurer, Candidate, or Lobbyist

Elizabeth C. Nawrocki

Printed Name

10/20/2021

Date (DD/MM/YYYY)

City of Erie

Location (City/State/Country)



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)

Lauren Gillespie

Printed Name

Location (City/State/Country)