

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	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Human Rights Campaign PAC			
Street Address		1640 Rhode Island Ave NW			
City	Washington	State	DC	Zip Code	20036

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
	10/01/2021	10/18/2021	
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	299.90	
C. Total Funds Available (Sum of Lines A and B)	\$	299.90	
D. Total Expenditures (From Schedule III)	\$	299.90	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

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

21st day of October 20 21

David A. Sumner

Signature

James M. Rinefield, Treasurer

Digitally signed by James M. Rinefield, Treasurer

Date: 2021.10.21 11:00:15 -0400

Signature of Person Submitting report

James M. Rinefield, Treasurer

Printed Name

My Commission expires 09/30/2026

MO. DAY YR.

202

216-1583

Area Code

Daytime Telephone Number

ATTEST TO ELECTRONIC SIGNATURE - David A. Sumner

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

Signature of Candidate

Printed Name

My Commission expires

MO. DAY YR.

Area Code

Daytime Telephone Number

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)	\$
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)		\$ 299.90
Total for the reporting period	(2)	\$ 299.90
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
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>		\$ 299.90

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:	
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Full Name of Contributor	Human Rights Campaign - staff time given to PAC to expend in-kind				Date [MM/DD/YYYY]	10/03/2021	\$	149.95
House #		Street Address	1640 Rhode Island Ave NW		Date [MM/DD/YYYY]	10/10/2021	\$	89.97
City	Washington	State	DC	Zip Code	20036	Date [MM/DD/YYYY]	10/13/2021	\$
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]		\$
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]		\$

SCHEDULE III
Statement of Expenditures

Filer Identification Number: _____

To Whom Paid		Titus for Erie County Executive		Date [MM/DD/YYYY]		\$	
				10/03/2021		149.95	
House #	Street Address			Description of Expenditure			
	3607 Poplar St #3713						
City	State		Zip Code				
Erie	PA		16508	In-kind, field staff time - phones			
To Whom Paid		Titus for Erie County Executive		Date [MM/DD/YYYY]		\$	
				10/10/2021		89.97	
House #	Street Address			Description of Expenditure			
	3607 Poplar St #3713						
City	State		Zip Code				
Erie	PA		16508	In-kind, field staff time - phones			
To Whom Paid		Titus for Erie County Executive		Date [MM/DD/YYYY]		\$	
				10/13/2021		59.98	
House #	Street Address			Description of Expenditure			
	3607 Poplar St #3713						
City	State		Zip Code				
Erie	PA		16508	In-kind, field staff time - phones			
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				