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Company of the Compan	111000	The state of the state of the state of

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By	Candidate	Committee	Löbbyist	
Name of Filing Committee, Candidate or Lobbyist	Human Rights Cam	paign PAC			
Street Address	1640 Rhode Island	Ave NW			
City Washington	5 () () () () () () () () () (State DC	Zip Code 20036		
Type of Report (Place x under report type)			/4.		
1-6 th Tuesday 2-2 nd Friday 3-30 Day 9 Pre-Primary Primary Primary		- 2 nd Friday 6-30 Day Po re- Election Election	st 7-Annual Special 2 nd Frida Pre-Election	y Special 30 Day Post-Election	
Date Of Election 11/02/202	Year	Amendment 2021 Report	Yermination Report		
Summary of Receipts and From Date Expenditures 10/01/2		//2021	For Office Use Only		
A. Amount Brought Forward From Last Re	port Nº S	.00	The second secon		
B. Total Monetary Contributions and Rece (From Schedule I)	299	9.90			
C: Total Funds Available (Sum of Lines A and B) D. Total Expenditures	(A) (A) (A)	9.90	es de la companya de Companya de la companya de la compa	V _{res}	
(From Schedule III) E. Ending Cash Balance	\$ 29!	9.90	gen of a formation of the second of the second of the second of the second		
(Subtract Line D from Line C)	0.	.00	(Co	
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 150 mm				
G. Unpaid Debts and Obligations (From Schedule IV)	S			***************	
		Affidavit Section		M. Countain	
Part 1- If this is a Committee report, treasurer si I swear (or affirm) that this report, including the	gn here. It this is a Candid attached schedules on pa	late report, candidate sign he oper, is to the best of my know	re. viedge and belief true, correct and com:	elete.	
Sworn to and subscribed before me this	•	,	ps:	2 0 0	
21st day of October 20	21	James M. Rinefier	d, Treasurer barrally signed by James M. Ringberd, 112	S 8 40 6	
David A. Suprem		Signate James M. Rinefler		19470	
Signature 09/30/2026	, 1	202	Printed Name 216-1583	to all have	
My Commission expires 09/30/2028 MO. DAY	YR-		Daytime Telephone Nun ECTIONIC SIGNATURE—)		
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 of20	·		Signature of Candidate		
Signature	, '	 	Printed Name	-	
My Commission expires MO. OAY YE	1 .	Area Code	Daytime Telephone Num	ber l	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
*)pack to C. (1845) (1954) (1954) (1954) (1954)		
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)	Posts Same	
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)	\$	e com the course that there are a consider translation. The Standard Medical course of Allertine (C., 2005) (S.)
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report	\$ \$	

Cover Page, Item B)

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 (dentification Number:		-		

AND THE PROPERTY OF THE PROPER				
Full Name of Contributor Human Rights Campaign - staff time given to PAC to expend in-kind			Date [MM/DD/YYYY]	149.95
			10/03/2021	
House # Street Address	1640 Rhode Island Av	re NW	Date (MM/DD/YYYY)	89.97
egby s		3215 Cod 5 1001	10/10/2021	
Washington	State DC	*Zip Code 20036	10/13/2021	59.98
Full Name of Contributor	1 (See Head Service	NATIONAL STREET, STREE	Date MM/DD/YYYY	2
House # Street Address		3.72	Date [MM/DD/YYYY] \$	
Cby (8)	State	Zip Code	Date (MM/DD/YYYY) \$	
10.80 (1)		Sedno la Liva d		
Full Name of Contributor			Date (MM/DD/YYYY) \$	
	g kindalanda de			
House # Street Addres	2	•	Date (MM/DD/YYYY) & \$	
(City)	State	Zip Code	[Date [MM/DD/YYYY]] \$	
Full Name of Contributor			Date [MM/DD/YYYY] S	
	_		ů.	
House # Street Address			Date [MM/DD/YYXY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributor			Date MM/DD/YYYY) : \$	4
House # Street Address			Date [MM/DD/YYYY] 8 \$	
City:	State	Zip Code	Date MM/DD/YYYY) 8	
Full Name of Contributor.			Date [MM/DD/YYYY] 5	
Full Name of Contributor				
House # Street Address			Date [MM/DD/YYYY] 5	
		•		
Gity !	State	Zip Code	Date [MM/DD/YYYY] \$	

SCHEDULE III Statement of Expenditures

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Filer Identification Number: 31				
Filer Identification Number:				
	THE WATER PROCESSION AND RETAINMENTAL HOW READERS WITH THE WATER THE WATER THE WATER THE WATER THE WATER THE W		0040°-14444-14044-1444-1444-1444-1444-14	
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				<u> and the state of the state of</u>
(6) Wirdin Raid	Titus for Erie County E	xecutive		10/03/2021 149.95
House # Street Address 3607 Poplar St #3713			(Description of Expenditure	
City Erie		State PA	Zip Code [5] ₂ 16508	In-kind, field staff time - phones
(O.Whom Pald	Titus for Erie County E	xecutive	· · · · · · · · · · · · · · · · · · ·	10/10/2021 89.97
Kouse #	Street Address	07 Poplar St #3713		Description of Expenditure
City) Erie		State PA	Zip 16508	In-kind, field staff time - phones
	Titus for Erie County E	xecutive		10/13/2021 59.98
House #	Street Address	07 Poplar St #3713		Description of Expenditure
City Erie Erie		State PA	Zip Code 16508	In-kind, fleid staff time - phones
TO Whom Paid				Date (MM/DD/YYYY)
House #	Street Address	* 1		Description of Expenditure
City		State	Zip Code	
To Whom Pald				IDate [MM/DD/XXX] (\$1
House #	Street Address			Description of Expenditure
Chy		5tate	Zip Code	
TO Whom Pald				[Date (MM/DD/YYY)] \$
House #	Street Address			(Description of Espenditure)
Giv)		State	Zlp Code	
To Whom Paid.				Date MM/DD/XXXI
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				(Date (MM/DD/YYY)
House #	Street Address			Description of Expenditure
City:		State	ZIP Code	4