

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	83-3969891	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		Committee to Elect Chuck Nelson						
Street Address		646 W 9th St						
City	Erie	State	PA	Zip Code	16502			

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
	06/17/21	10/18/21	
A. Amount Brought Forward From Last Report	\$	843.69	<p>2021 OCT 10 PM 3:15</p> <p>CLERK OF SUPERIOR COURT</p> <p>OFFICE OF CAMPAIGN FINANCE</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2385.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2,228.69	
D. Total Expenditures (From Schedule III)	\$	1681.26	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1547.43	
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

day of 20

 Signature


 Signature of Person Submitting report

JARED LEONARDI

Printed Name

My Commission expires
 MO. DAY YR.

814

746-2755

Area Code

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


 Signature of Candidate

CHARLES NELSON

Printed Name

My Commission expires
 MO. DAY YR.

814

720-9996

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	83-3969891		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 435
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	200
All Other Contributions (Part B)		\$	750
Total for the reporting period		(2)	\$ 950
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	1,000
Total for the reporting period		(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0
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>		\$	

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		83-3969891									
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											Amount	
Full Name of Contributing Committee			NFGPAPAC					Date [MM/DD/YYYY]		\$	100	
								10/13/2021				
House #	1100	Street Address	State St					Date [MM/DD/YYYY]		\$		
City	Erie		State	PA		Zip Code	16502		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee			LPAC ERIE					Date [MM/DD/YYYY]		\$	100	
								10/4/2021				
House #	120	Street Address	W 10th St					Date [MM/DD/YYYY]		\$		
City	Erie		State	PA		Zip Code	16501		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/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]		\$	

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:	83-3969891
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Full Name of Contributor		RICHARD WAGNER				Date [MM/DD/YYYY]	\$	200
						10/13/2021		
House #	4228	Street Address	STATE ST			Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16508	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		RICHARD WEBER				Date [MM/DD/YYYY]	\$	100
						10/13/2021		
House #	5338	Street Address	NORRIS DR			Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		GREGORY PURCHASE				Date [MM/DD/YYYY]	\$	100
						10/13/2021		
House #	614	Street Address	LINCOLN AVE			Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		MICHAEL TKACH				Date [MM/DD/YYYY]	\$	100
						10/13/2021		
House #	626	Street Address	CHERRY ST			Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		RICHARD FILLIPPI				Date [MM/DD/YYYY]	\$	250
						10/13/2021		
House #	519	Street Address	W 9TH ST			Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16502	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: 83-3969891

Full Name of Contributor		ROGER RICHARDS				Date [MM/DD/YYYY]		\$	1000
						10/13/2021			
House #	230	Street Address		W 6TH ST		Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16507	Date [MM/DD/YYYY]		\$	
Employer Name		SELF				Occupation		ATTORNEY AT LAW	
Employer Mailing Address / Principal Place of Business		230 W 6TH ST, ERIE, PA 16507							
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									
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:	83-3969891
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To Whom Paid		Wix			Date [MM/DD/YYYY]		\$ 101.76	
					06/21/21			
House #	235	Street Address			W 23rd 8th Fl			Description of Expenditure
City	NEW YORK	State	NY	Zip Code	10011	WEB HOSTING		
To Whom Paid		VANTIV E COMMERCE FUNDS			Date [MM/DD/YYYY]		\$ 0.50	
					07/09/2021			
House #	900	Street Address			CHELMSFORD ST			Description of Expenditure
City	LOWELL	State	MA	Zip Code	01851	ONLINE FEES		
To Whom Paid		BIROSCAK PRINTING			Date [MM/DD/YYYY]		\$ 254.00	
					10/05/2021			
House #	1919	Street Address			PEACH ST			Description of Expenditure
City	ERIE	State	PA	Zip Code	16502	MAILER		
To Whom Paid		LOCAL EAT & POUR			Date [MM/DD/YYYY]		\$ 1325.00	
					10/15/2021			
House #	1201	Street Address			STATE ST			Description of Expenditure
City	ERIE	State	PA	Zip Code	16501	CAMPAIGN PARTY		
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				



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

2021 OCT 18 PM 3:13

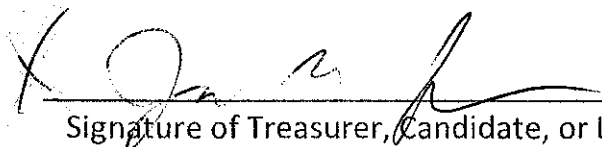
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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				
The Committee to Elect Chuck Nelson				
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.


Signature of Treasurer, Candidate, or Lobbyist

Jared Leonard
Printed Name

10/18/2021
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.

Signature of Treasurer, Candidate, or Lobbyist

10/18/2021

Date (DD/MM/YYYY)

Charles Nelson

Printed Name

Eric / PA / USA

Location (City/State/Country)