

### Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 86-1982577	Report Filed B	y Candida	ite	Committee		X	Löbbyist	
Name of Filing Committee, Candidate or Lobbyist	сомміттее то	ELECT CHRIS CAN	MPANELLI					
Street Address	946 W 36TH STR	EET		· · ·				
City ERIE	<u> </u>	State	PA	Zip Code	16508			
Type of Report (Place x under report type)				<u> </u>				
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Pos	t a cth Tuesday	5- 2 <sup>nd</sup> Friday	6- 30 Day Post	7- Annual	Special 2	<sup>nd</sup> Friday	Special 30	Day :
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	1		Pre-Elect	10 CTS 1 4 4 1	Post-Elect	
			$  \times  $					
Date Of Election (MM/DD/YYYY)	Year	2021	Amendment Report		Terminat Report	ion		
Summary of Receipts and From Date	To Date		AND THE RESERVE OF THE PARTY OF	For	Office Use	Only	1.5%	
Expenditures		122 /2024						- AM - 1 - 1 - 4 - 5
10/19/2023		/22/2021			<u> </u>	<u> </u>	aller 1	<u> </u>
A. Amount Brought Forward From Last Repo	t \$ 1	7,878.26					150	
B. Total Monetary Contributions and Receipt	s \$		1			1	p. 1	
(From Schedule I)	3	,195.00				. France		
C. Total Funds Available	\$ 2	1,073.26					1.5	
(Sum of Lines A and B) D. Total Expenditures						. ";	1 P-3	
(From Schedule III)	\$ 1	7,879.95						
E. Ending Cash Balance	\$							
(Subtract Line D from Line C)	] ]	3,193.31						
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00					 	
G. Unpaid Debts and Obligations	\$							
(From Schedule IV)		1,722.26						
		Affidavit Se						
Part 1- If this is a <b>Committee</b> report, treasurer sign I swear (or affirm) that this report, including the att				dgo and boliof t	ruo correct	nd complet	to	
Sworn to and subscribed before me this	actica scriedaies of	r paper, is to the	Dest of my knowled		1	/ /	,	
			Doctor	Kolsur	1 hr.	holls		
day of20	<b>–</b>	_	Signature	of Person Subn	nitting report	AJ - W		
	_	G	ORDON ROBERT IM			-	<del></del>	
Signature	, I			Printed Nam	ne			
My Commission expires		8:	14	453	-7731			
MO. DAY YE			Area Code	Da	ytime Teleph	one Numbe	er	
Part II If this is a ganget of a Candidatala Authority	Committee seed	idato chall aig:- !-	orn			<del></del>		
Part II- If this is a report of a Candidate's Authorize I swear (or affirm) that to the best of my knowledge				y provisions of	the Act of Jui	ne 3, 1937 í	P.L. 1333. NC	).320) as
amended.				^		., 1		/
Sworn to and subscribed before me this			0-	5/1				
Sworn to and subscribed before the this			/ //	$\simeq \lambda$ . $I$				
day of20	_ '1	_!		95				
	ļ.	C	Sign RIS D CAMPANELL	คสโนre of Candi 1	idate			
Signature		<u></u>	MAS D CANTAINELL	Printed Name				
_	٠, •	Я	14	434-9				
My Commission expires MO. DAY YR.		_	Area Code		time Telepho	ne Number	<del></del>	
WO. DAT YR.		•	area code	Day	mie reiehuc	ne muniber		

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
	86-1982577	

ACTION AND ADDRESS OF THE PROPERTY OF THE PROP	-	The second secon
1 Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	45.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.00
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)	18 18 18	
Contributions Received from Political Committees (Part C)	\$	1,500.00
All Other Contributions (Part D)	\$	1,000.00
Total for the reporting period (3)	\$	2,500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0.00
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)	\$	3,195.00

#### 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.)

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Filer Identification Number: 86-1982577		
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<ul> <li>[4] A. C. Marchalle, A. Lander, C. C. C. C. C. Marchall, Phys. Lett. C 197 (1971).</li> </ul>		
■ 1.75 / 1/4.77 (2014 1.20)   1 to 1921   1 (1949 1.5)   1   1   1   1   1   1   1   1   1		
<ul><li>■ マンデルは19世紀では19世紀では49世紀を20日前、19世紀年代は1日記記録が、1日記記録</li></ul>		

Full Name of Contributor		Date [MM/DD/YYYY]	\$	o d
T	mothy George	11/01/2021		250.00
\$1000 marked \$15 \qquad 3150 miles	Address	Date [MM/DD/YYYY]	\$	*
1489	Elleway Ct.		1860 1860 287	
City Fairview	State PA Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]	\$	× × × × × × × × × × × × × × × × × × ×
R	chard Vicary	10/22/2021		200.00
【····································	Address	Date [MM/DD/YYYY]	\$	
1652	W. 8th Street			
City Erie	State PA Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	The state of the s	Date [MM/DD/YYYY]	\$	****
G	ary Boldt	10/20/2021		100.00
	Address	Pate [MM/DD/YYYY]	\$	
3600	Tanager Drive			
City	State Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	(五) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Date [MM/DD/YYYY]	\$	
・自己の意味を含むない。自己はそれでは、他の他が確立した。	ruce Sandmeyer	10/19/2021		100.00
House # Stree	Address	Date [MM/DD/YYYY]	\$	
1001	State Street			
City. Erie	State PA Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributor	The same of the sa	Date [MM/DD/YYYY]	\$	
House # Street	Address	Date [MM/DD/YYYY]	\$	
City	State Zip Code	Date [MM/DD/YYYY]	\$	<u> </u>
		(2)		
Full Name of Contributor		Date [MM/DD/YYYY]	<u> </u> \$	
House # Street	Address	Date [MM/DD/YYYY]	Ş	
			i nig	
City	State Zip Code	Date [MM/DD/YYYY]	Ş	
			1	

#### 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.

Flier Identification Number:	96-19825	77		
Full Name of Contributing Committee	AFSCME	Council #13	Date [MM/DD/YYYY] 1 1,500	R
House # 43) Street	Address	Council #13	Dave [MIN/DD/YYYY] 8	
tharish	Vtoto   / )	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Committee	, <u>CO</u>	0 2000	Date [MM/DD/YYYY] 8	
House # Street	l Address		Date [MM/DD/YYYY] \$	
			Age of Same transfer and the same and s	
City	State	ZIp Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Committee	14.84.500	Programmer Constitution	Date [MM/DD/YYYY] 1	
House # Street	t Address		Date [MM/DD/YYYY] 3	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		I of Washington	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] 8	· · · · · · · · · · · · · · · · · · ·
House # Street	Address		Date [MM/DD/YYYY] 3	
City	State	Zip Code	Date [MM/DD/YYYY] 8	<u> </u>
Full Name of Contributing Committee	sc/20046_A	Les GARAGES AND COMMENTERS	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)

ino accitanta	86 -	19825	77	
Full Name of G	ontributor	0	1	Date [MM/DD/YYYY] \$
elli hill englise kay ek	Chry	5 CAM	melli	10/12/2021 1,000.CR
House #	Street Address	W. 36	Th . II.	Daté [MM/DD/YYY] \$
City E	PHE .	State	Zip Code /LSZ	Date [MM/DD/YYYY] 8
Employer Nam	9	I meingant I	and the section of th	Occupation
Employer Maili Principal Place	ng Address / of Business			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	in in the second second			Occupation
Employer Maill Principal Place				
Full Name of Co	ontributor			Date [MM/DD/YYYY] 8
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City	<u> </u>	State	ZIp Gode	Date [MM/DD/YYYY] 1
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Employer Maill Principal Place				
Full Name of Co	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Date [MM/DD/YYYY] \$
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Employer Name				Occupation
Employer Maili	na Address /			Description of the control of

Principal Place of Business

# Statement of Expenditures

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	State	Code /L508	Date [MM/DD/YYYY] 8
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To Whom Paid Street Address	State /A	Code /L508	Date [MM/DD/YYYY] 8
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To Whom Paid  House # 19/9 Street Address  City  LOSE	K Print POALL ST.		Date [MM/DD/YYYY] 8 190.80  Description of Expenditure  Thank inv notes
To Whom Paid  House # 1919 Street Address  City	K Print POALL ST.		Date [MM/DD/YYYY] 8 190.80  Description of Expenditure  Thank inv notes
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## Statement of Expenditures

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House # Street Address			Description of Expenditure
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			Description of Expenditure
City	State	Zip Code	
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			Francisco (1.1.1.1)
House # Street Address			Description of Expenditure
City	State	Zip	
	1234	Code	1

### 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: 86-1982577		 	<del></del>	•	. = -
Filer Identification Number: 86-1982577					
	Filer identification Number:				

Name of Creditor		CHRIS CAMPANELLI		Outstanding Balance of Debt
House # 946	Stre	et Address W 36TH STREET	DATE DEBT INCURRED [MM/DD/YYYY]  05/10/2021	
City		ERIE State	PA Zip Code 16508	2,500.00
Description of Debt		LOAN	The triplet and address of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Creditor		CHRIS CAMPANELLI		Outstanding Balance of Debt
House # 946	Stre	et Address W 36TH STREET	DATE DEBT INCURRED [MM/DD/YYYY] 05/19/2021	<b>\$</b>
City		ERIE State	PA <b>Zip</b> 16508	250.00
Description of Debt		LOAN	[ [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	12284
Name of Creditor	影機	MICHELE FARRELL		Outstanding Balance of Debt
House # 608	Stre	et Address  BEVERLY DRIVE	DATE DEBT INCURRED [MM/DD/YYYY]  05/17/2021	•
City		ERIE State	PA <b>  Zip</b>   16505	150.00
Description of Debt	154.55 Tentral	LOAN	[general attraction]	[本語]数
Name of Creditor		RODELL ASHBY		Outstanding Balance of Debt
House # 527	Stre	et Address VERMONT AVENUE	DATE DEBT INCURRED [MM/DD/YYYY] 05/17/2021	\$
City		ERIE State	PA <b>Zip</b> Code 16505	150.00
Description of Debt		LOAN		
Name of Creditor		DAVID ASHBY		Outstanding Balance of Debt
House # 527		et Address VERMONT AVENUE	DATE DEBT INCURRED [MM/DD/YYYY]  05/17/2021	\$
City	17 (18) 17 (18) 18 (18)	ERIE State	PA <b>Zip</b> 16505	150.00
Description of Debt		LOAN		
Name of Creditor	<b>等</b> 多句	MICHELE FARRELL		Outstanding Balance of Debt
House # 608		et Address  BEVERLY DRIVE	DATE DEBT INCURRED [MM/DD/YYYY]  05/18/2021	<b>\$</b>
City	1	ERIE State	PA <b>Zip</b> 16505	522.26
Description of Debt		CALAMARIS INVOICE FOR ELECTION NIGHT		

### 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.

	 <del>-</del>	 	
Filer Identification Number: 86-1982577			

Name of Creditor	CHRIS CAMPANELLI		Outstanding Balance of Debt
House # Stree	et Address W 36TH STREET	DATE DEBT INCURRED [MM/DD/YYYY] 10/22/2021	\$
City	ERIE State	PA Zip Code 16508	1,000.00
Description of Debt	LOAN		(1640)2]
Name of Creditor			Outstanding Balance of Debt
House # Stree	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt			E9 S4
Name of Creditor			Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	**************************************
City	State	Zip Gode	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
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City	State	Zip Code	
Description of Debt			
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City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House # Stree	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt	I - MIXON	1 200 200 200 200 200 200 200 200 200 20	



### Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) <a href="https://www.dos.pa.gov/campaignfinance">www.dos.pa.gov/campaignfinance</a> • <a href="mailto:ra-stcampaignfinance@pa.gov">ra-stcampaignfinance@pa.gov</a>

## 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.

·	Cycle 2	☐ Cycle 3			\$201 <u>1.052090560-1.05.650004</u> 	
	e-Primary	90 Day Post Primary	6 <sup>th</sup> T	Cycle 4 uesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday  Pre-Election	
Cycle 6  30 Day Post-Election  Ani	Cycle 7	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Specia	l Election	•	cle 9 ost-Special Election	
Part I - If this form is su his form is submitted w s submitted with a repo	ith a Candid	ate report, the cal	ndidate r	nust sign l	nere. If this repo	

Signature of Treasurer Candidate, or Lobbyist

Gordon Robert Imboden

DSEB-502R Updated 1/22/2021

///30/2021 Date (DD/MM/YYYY)

Erit, PA USA
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) <a href="https://www.dos.pa.gov/campaignfinance">www.dos.pa.gov/campaignfinance</a> • <a href="https://rastraction.org/rastraction.org/">rastraction.org/</a>

**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)

Printed Name

Location (City/State/Country)