

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

		(Note:	inis re	port mu:	st be cle	ar an	d legible. It sho	uld be typed)			
Filer identification Number	46	-2671624	350000000000000000000000000000000000000	Report Filed By Candida (Mark X)			ite (g. 18)	Committee		X	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist			Comr	Committee To Elect Ed DiMattio								
Street Address			541 (oit Station	Road							
City	Waterfor	d	D94		SI	ate	PA	Zip Code	16441			
Type of Report (Place	e x under i	report type)				,						
1-6 th Tuesday 2- 2 Pre-Primary Pre-	2 nd Friday Primary	3-30 Day Pos Primary	all and the second second second	Tuesday Election	5-2 rd F Pre-Ele		6- 30 Day Post Election	7- Annual	Special 2 nd Pre-Election	20 3 N 42 9	Special 30 Post-Elec	Application of the second
			Ī			1						
Date Of Election (MM/DD/YYYY)		11-2-2021	Year		202	1	Amendment Report		Termination Report	ń		
Summary of Receipts Expenditures	sand	From Date	M	To Date	e		PARTILLE PLANTS	For (Office Use On	ıly		
		10-19-2021		11	L-22-2021		14 - 17 KV 25				r-1	
A. Amount Brought	Forward F	rom Läst Repo	rt S	5	75.90				•	urd High Higher	produced produced	
B. Total Monetary Co (From Schedule I)		ns and Receipt		1	700.00							
C. Total Funds Availa (Sum of Lines A and	25172 2017 2017				775.90						riy 	
D. Total Expenditure (From Schedule III)	5		Ş		3908.00	·					The state of the s	
E. Ending Cash Balan (Subtract Line D from			\$		327.90				2))	() 강	
F. Value of In-Kind C (From Schedule II)	ontributio	ons Received	\$		0				#			
G. Unpaid Debts and (From Schedule IV)	Obligatio	ins	\$		5780.00							
Part 1- If this is a Comm			hana 161	(b)		lavit Se		- · · · · · · · · · · · · · · · · · · ·				
I swear (or affirm) that									ue, correct and	l complet	e.	······································
Sworn to and subscribe	d before m	e this					Ala a	14 D.C	1-mi-	11	· ·	
day of		20	_	1			BUNU		u//an	in		
				-		_	Brenda Brenda	of Person Subm	itting report	tt!	Ö	
Signa	ture						\sim 1	Printed Nam	e (/) 1/77			
My Commission expires		DAY 140				-	874	4	<u>19-78</u>) H	2	
	MO.	DAY YE	.			•	Area Code '	Day	time Telephon	e Numbe	r	
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 subscribe	d before m	e this							_			
day of		20		• 4		-	Edwel	240	Wate	1.		
							ED /4 A P	nature of Candid	MATTED	50	e.	
Signa	ture					_	204541	Printed Name				
My Commission expires	·			-		•	814	4	49-90	159	• —-	
	MO.	DAY YR.					Area Code	Dayt	ime Telephone	Number		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number 46-2671624	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 400.00
Total for the reporting period	(2)	\$ 400.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 300.00
Total for the reporting period	(3)	\$ 300.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		en de la companya de La companya de la co
Total for the reporting period	(4)	\$ 0
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, Recover Page, Item B)	port	\$ С

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.)

B.7. B. R. G. P. G. B. G. C.				
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SEPTEMBER AND				
Filer Identification Number: 46-2671624				
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CONTROL PROGRAM CONTROL CONTROL OF A SECURITION OF A SECURITIO				
5 - 17 - ALCOHOLO - DE LOS MANORES DE PROPERTO DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA				
Column and Control of the Control of	 		 	

		<u> </u>		
Full Name of Contributor	Edward T DiMattio, Jr (Campaign L	nan	Pare IMM/DD/WWW	150.00
			10-27-2021	
House # Stree 541	t Address Colt Station Road		Date [MM/DD/YAYY] S	
	Coit Station Road			
City Erie	State PA	Zip Code 16441	Date MIN/DD/MYY)	
Fülf Name of Contributor	a		Date MM/DDAYAY	*
	Mr.and Mrs. Phil English		11-3-2021	250.00
House # Stree	PAddress		Date [MM/DD//YXY] = S	
	Lookout Dr			
With the second	State	Zip Code:	Date [MM/DD//YYY]	
Erie	PA PA	16502		
Füll Nameof Contributor			DaejMW/DP/YYYY	
				N N N N N N N N N N N N N N N N N N N
House # Street	t Address		Date (MM/DD/YYYY)	
City	Sak	Zip, code	Date [MM/DD/YYYY] \$	
Full Name of Contributor				
	÷			
House # Stree	Aidres	**************************************	Date (MM/DD/XXXX)	
Gity (State	Zip Code	Date (MM/DD/YYY)	<u> </u>
Full Name of Contributors			Date MW/DD/MM/	
House# Stree	#Addings		Date [MM/DD/YYYY] S	
City	State	Zip, code	Date [MM/DD/XYYY] \$	
	Jule	210 - SAR	Date [Mitt/DD/	
Full Name of Contributor	383383		pate MM/DD/YYYY & \$	
House# Stree	t Address	,	Date (MM/DD/AYYY) \$	
Street	r Additions		Date [MM/DD/AYYY] \$	
46		USE CONTROL STORY		
Gity	State	Zip Code	Date (MIN/OD)/WYY 55	

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 Numbers	46-2671624			
Fill Name of Contributor	Edward T DiMattio, Jr (Campaign Loan)	Į D.	reiminadarara == ==	300.00
House # Stre	et Address	SAC-	10-26-2021 ate (MM/DD/XYYY) \$	
541	Colt Station Rd	81 0.30 G2 600		
City Waterford	State PA 2ip Code	16441	ste (MM/OD/AYYY) \$	
Employer Name	La Nuova Aurora Society		Restaurant Manag	er
Employer Mailing Address Principal Place of Business				
Full Name of Contributor		New Way.	ete:(MM/OD)/YYY() :: \$	
	et Address	10-70 ves	ate [MM/DD/XYYY] \$	
City	State Zip Code	11.022	ite (MM/DD/MWM) S	
Employer Name		(6)	cisupation	
Employer Mailing Address Principal Place of Business				
Full Name of Contributor		(0)	ate [MM/DD/YYYY] \$	
	et Address	2000	ete [MM/DD/YYYY] \$	
Gity	State Zip Code	(0)	ate (MM/DD/AWAY) \$	
Employer Name		ò	ccupation	
Employer Mailing Address Principal Place of Business				
Full Name of Contributor			ite [thto/ob/yyyy] \$	
	et Address	5000	ate [MM/DB/YYYY] \$	
City	State Zip Code		ate [MM/DD/YYYM] \$	
Employer Name		No. of the last of	ccupation	. ,
Employer Mailing Address Principal Place of Business				

SCHEDULE III Statement of Expenditures

Filer Identification Number:				 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	KC SCTICTA			
	40-20/1024			

ToWh	ioni kaldi	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				DATE MINISTRATION	T-7
		WZTE Radio					10-26-2021	225.00
House	10912	Sueet Adoress	Peach St				Description of Expendit	ure
City	Waterford		State	PÁ	Zip Code	16441	Radio ads	
TOWN	iom Paid	WZTE Radio		•			Date (MN//012/70000)	228.00
		Post-economic Man					10-27-2021	
House	10912	Street Address	Peach St				Description of Expendits	ure
City	Waterford		State	PA	Zip Code	16441	Radio ads	
To Wi	om Palë	MenajErie Studio					(Date (MM/00)/\ (467).	3455.00
House	4	Street Address	· · · · · · · · · · · · · · · · · · ·				Description of Expendite	
	1909	Street Autorss	Chestnut St				Pestipular y Espera	49.5
Cry	Erie		State	PA	Zip Code	16502	TV filming, production and a	d buy
Te W	om Paid							
House		Street:Address					Description of Expendit	ire.
City	·		State		Zip Gode			
To Wi	om Paid						Date (MM/De/MYM)	
House	*	Street Address					Description of Expendit	rie (
City			State		Zip Code			
TO WI	iom Paid				,		PHYS (MIM/DF) AAAA (S	
House	#	Street Address	D. A. S.				Description of Expendite	ire
CITY			State		Zip čode			
	om Paid	AMEDIA CONTROL						
House	#.	Street Address					Description of Expendite	ire
City			State		Zip Code			
To Wh	om Paid						PERS (MIX/DD/A666)	
House	#	Street Address		· · · · · · · · · · · · · · · · · · ·			Description of Expenditi	ure"
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:	46-2671624	
Name of Creditor	Edward T DiMattio, Jr	Outstanding Balance of Debt
541	et Address Colt Station Rd Colt Station Rd DATE DEBT INCURRED [MM/DD/YYY] 10-18-2021	 \$
City	Waterford State PA Code 16441	1875.00
Description of Debt	Campaign loans rom preious report	
Name of Creditor	Edward T DiMattio, Jr	Outstanding Balance of Debt
House # Stree	et Address DATE DEBT INCURRED Colt Station Rd [MM/DD/YYYY] 10-26-2021	5
City	Waterford State PA Gode 16441	300.00
Description of Debt	Campaign Loan	
Name of Creditor	Edward T DiMattio, Jr	Outstanding Balance of Debt
House # Stree	Et Address Colt Station Rd DATE DEBT INCURRED [MM/DD/YYYY] 10-27-2021	\$
City	Waterford State PA Code 16441	150.00
Description of Debt	Campaign Loan	
Name of Greditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	State Zip. Code	
		:
Name of Creditor	Edward T DiMattio, Jr	Outstanding Balance of Debt.
House # Stree	## Aiddress	
City	Waterford State PA Code 16441	3455.00
Description of Debt	TV ads through MenajErie charged on Citi card. Billed as of 11-10-2021. Now becomes campa	aign Ioan

State

Ousianding Balance of Deb

DATE DEBT INCURRED.

[MM/DD/YYYY]

Name of Creditor

Description of Debt

Street Address

House #

City



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, Can	didate, or Lobby	ist		
	Moreo				
Reporting Cycle Name Cycle 1 Cycle 2 6 th Tuesday 2 nd Friday Pre-Primary 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-Specia	Election	•	cle 9 st-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

Date (DD/MM/YYYY)

Printed Name

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)

Printed Name

Location (City/State/Country)