

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Repo (Mar	rt Filed B k X)	y	Candid	ate		Comn	nittee	,	X	Lobbyis		
Name of Filing Committee, Lobbylst	Candidate or	Friend	s to Elect	t Laure	n Gilles	ie								
Street Address	Street Address 938 Colony Dr													
City Erie	-				State	PA		Zip Co	de	16505				
Type of Peport (Place x und	er report type)													
		_	uesday		Friday	F	-	7- Anz	nual	Special 2		Special :		
Pre-Primary Pre-Prima	ry Primary I	Pre-B	ection	Pre-	Election	Bection		<u> </u>		Pre-Electi	on	Post-Be	αιοι	n
				L		X			<u> </u>					
Date Of Election (MM/DD/YYYY)	11/02/2021	Year		20	021	Amendr Report	nent			Terminat Report	ion	×		
Summary of Receipts and	From Date		To Date)					For	Office Use	Only			
Expenditures	10/19/2021		11/	22/202	21									
A. Amount Brought Forwar	d From Last Report	\$	2	252.09					,					
B. Total Monetary Contribu	itionsand Receipts	\$		48.38		1								
(From Schedule I) C. Total Funds Available		\$				ł					The state of the s) com		
(Sum of Lines A and B)			8	300.47								11000		
D. Total Expenditures (From Schedule III)		٦	\$ 300.47			1 3 2 2 3 4 4 4 5 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6								
E. Ending Cash Balance (Subtract Line D from Line	<u> </u>	\$		0		Ì						e * ; * ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
F. Value of In-Kind Contribe (From Schedule II)		\$. 1.	273.18	3	1						5.3		
G. Unpaid Debtsand Oblig	ations	\$				1					e de la companya de l	الآران الاستريد		
(From Schedule IV)				Af	fidavit Se	ction								
Part 1- If this is a Committee re I swear (or affirm) that this rep								dan and h	aliaf tr	ruo corroct s	nd comple	rto.		
Sworn to and subscribed before		1100 30	iedules VI I	i papei,	is to the	_		_	enen u	iue, wiseu a	riu Wilipie	xe.		
day of	20	_	٠,		_	Elyn	0 46	, <u> </u>						
		_	 		<u>E</u>	Si izabeth C	nature Nawroc	of Persor ki	Subm	nitting report				
Sgnature			, [Printe						
My Commission expires MO.	DAY YR	-				14 Area Code				-1726 ytime Teleph	na Nimh			
										yana releph	vie valii	<u> </u>		_
	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	a mathic					1			,					
			• ,		•	Air.	000	W.	Inl.	P50	ص	-		
day of	20	-				Trum	Sgr	nature of	Candio	date 17				
Signature	****	-	1		_	-wn		<u>ک</u> Printed I	⊘([[Name	<u>なりとい</u>				
My Commission expires		-	• •		_	814			2	724	424	, , , , , , , , , , , , , , , , , , ,		
MO. DAY YR. Area Code Daytime Telephone Number								∟ayt	ume retepno:	ne Numbe				

:			



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

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.

			IVIA		
(Ragers) sides (Ariel)	Nam Emperation				
Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th 1	Cycle 4 Tuesday Election	Cycle 5 2 nd Friday Pre-Election
Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Spee	cial Election	•	ycle 9 ost-Special Election
Part I - If this form his form is submit s submitted with a declare under pe	ted with a Candio a report by a con	date report, the c tributing lobbyis	andidate i t, the lobb	must sign i yist must s	here. If this repo sign here.
hat the accompa					
Ely C	Maus		11/3	0/202	1
Signature of Treasurer, Candidate, or Lobbyist Elizabeth C Nawrocki				ate (DD/N	MM/YYYY)
			City	of Eric	е
Printed Name			Locat	tion (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

wien Gillespie

Location (City/State/Country)

-

SCHEDULEI Contributions and Receipts

Detailed Summary Page

Piler Identification Number			
		_	
1.Unitemized Contributions and Receipts \$50.00 or Lessper Contributor			
Total for the reporting period	(1)	\$	48.38
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)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part Cand 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	3		·
Total for the reporting period	(4)	\$	T

48.38

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

Oover Page, Item B)

COLLEGE II F I

The second and the second seco

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				. *
the specific section of					Amount
Pall at a	Augustin Augustin		U	Data FEEE IND BROOM	Amount
Full Name of Con Committee	itributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Con	tributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address	.		Date [MM/DD/YYYY] 8	
City	Targetta contract of	State	Zip Code	Date [MM/DD/YYYY] \$	
			The state of the s	1.5	
Full Name of Con Committee	ntributing			Date [MM/DD/YYYY] 8	
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing			Date [MM/DD/YYYY] \$	
House #	Street Address		,	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Con Committee	itributing			Date [MM/DD/YYYY] 8	
House #	Street Address		v di Are-	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	itributing	Per provide	1. 2 1. 2/2/2012 (m.) 1922 (m.)	Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] 8	,
City		State	Zip Code	Date [MM/DD/YYYY] \$	
and indicates		The state of the s	A Line of the second		

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:

Full Name of C	ontributor :			Date [MM/DD/YYYY] 3	
House #	Street Addre	88		Date [MM/DD/YYYY]	
				100 000 000 000 000 000 000 000 000 000	
City	[14.8.800], digital awa	State	Zip Code	Date [MM/DD/YYYY] \$	
				48V 988	
Full Name of Co	ontributor			Date [MM/DD/YYYY] 1	
112022 H	道・2011年前の2011 2011年 1985年	& !			
House #	Street Addre	SS		Date [MM/DD/YYYY] 3	
City		State	Tip Code		
A Comment		Jule	Zip Code	Date [MM/DD/YYYY] 3	
Full Name of Co	ontributor	(1884) seed (1813) e.g.		Date [MM/DD/YYYY] (8)	
House #	Street Addre	ss		Date [MM/DD/YYYY] 8.	
		e final Landard Landard			
City	Lit jarrings teacher it	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Addre	35		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Addre	53		Date [MM/DD/YYYY] \$	
City	Professional Profession	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	* * * * ;
House #	Street Addre	SS		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		Law Sal Java		(1) (1) (1) (1) (1) (1) (1) (1) (1) (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.

Filer Identification	r Number:				
				The Control of A	· · · · · · · · · · · · · · · · · · ·
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	· ·
House#	Street Addres	S		Date [MM/DD/YYYY] \$	
				(A)	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
		ial ·		Date [MM/DD/YYYY] \$	· · · · .
House #	Street Addres			Date [MM/DD/1111]	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Addres	13		Date [MM/DD/YYYY] 8	
City		State	.Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee	[37 A Sept. 1985 1985 1		Date (MM/DD/YYYY) \$	
House #	Street Addres	S		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
'''''		Julio		2000 (11110)	
Full Name of Contributing Co				Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
House #	Street Addres	S		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co				Date [MM/DD/YYYY] \$	
House #	Street Addres	3		Date [MM/DD/YYYY] \$	
City	Benjar West - Messach Stade	State	Zip Code	Date [MM/DD/YYYY] \$	

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:

Full Name of Co	ntributor.			Date [MM/DD/YYYY] 8
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	ones i persentito di profineesto.	5545.5	100 100 100 100 100 100 100 100 100 100	Occupation
Marin y Karty (* 1861). Harris karto de la valoria				
Employer Mailir Principal Place (of Business			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailir	ig Address /			
Principal Place o				
Full Name of Co				Date [MM/DD/YYYY] \$
House #				Date Flats (DD 00000
nuuse #	Street Address			Date [MM/DD/YYYY] 3
City		State	Zip Code	Date [MM/DD/YYYY] 3
Employer Name			To the second data with the	Occupation
Employer Mailin Principal Place o				
Full Name of Co	V 0 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 8
				170m 1989
City	-	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name	इ.इ.स. १८७५ होता चार्याच्या समित्री है देशास्त्रा			Occupation 4
		-		Occupation
Employer Mailin Principal Place o			 	

PART E Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	ber:			
	V. (2014)			
Full Name	98.000			
House #	Street Address	<u> </u>		
City		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>		I RASA
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		10.128 (10.15) 40.15.17.17.17.1		
Full Name	50.300 50.000 50.000			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		NET (\$14)		
Full Name		· · · · ·		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			mang Clean at gryphe (1894)	200 (1) 2,770 (1)
Full Name		·		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description		[11 + 2 1 815]	C-3:687 15150-	14::1

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number			
	IBUTIONS RECEIVED-VALUE OF \$5	0.00 U	JR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	8	29.76
2. IN-KIND CONTRIBUTIONS REC	AFIVED-VALUE OF \$50,01 TO \$250	100 (F	ROM PART F)
TOTAL for the reporting period	(2)	8	128.67
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$ 250.00 (FRO	M PAR	TG)
TOTAL for the reporting period	(3)	8	1114.75
TOTAL VALUE OF MICKING CONTRIDUTY	CALC DUDING THE DEPORTING		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for		. 8	
on Page 1, Report Cover Page, Item F)	•	'	1273.18

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	Number:				
Full Name of Co	ntributor			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Posternista diponi appropriate de la	State.	Zip Code	Date [MM/DD/YYYY] 3	
Description of C	ontribution	Page Page Scale	100 mg 200 m 28 0 23	Proced	
Full Name of Co	ntributor	(4)		Date [MM/DD/YYYY] \$	
					"
#House #	Street Address		And the state of t	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Description of C	ontribution				
Full Name of Co	ntributor	;;;;;		Date (MM//DD/WW/)	
House #	Street Address			Date [MM/DD/YYYY] 3	:
City	Fraction Control Control Control	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution		The second way of		
Full Name of Cor	ntributor	Accest to the control of the control		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] . 3	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Description of Co	ontribution				
Full Name of Cor	atikata		·	Date [MM/DD/YYYY] \$	
Furryanie of Cor	ILIPATO			Date [MM/DD/11.1]	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer (dentification	on Number:					
				EDOLOTE HANDONONI SOREMANI		
Full Name of C	ONTRIBUTOR		Date [MM/DD/YYYY] 3			
House #	Street Address			Date [MM/DD/YYYY] \$		
City	 	tate	Zip Code.	Date [MM/DD/YYYY] \$		
Employer Nam	16	3		Occupation		
	ing Address / Principal			Description		
Place of Busine	988			of Contribution		
Full Name of C	ontributor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		state	Zip Code	Date [MM/DD/YYYY] 3		
Employer Nam	16			Occupation		
Employer Mail Place of Busine	ing Address / Principal ess			Description of Contribution		
Full Name of C	ontributor	•		Date [MM/DD/YYYY] 8		
House #	Street Address			Date [MM/DD/YYYY] \$		
City	S	itate	Zip Code	Date [MM/DD/YYYY] \$		
Employer Nam	i c	2,10140	[19,655,867,63,095,035,4]	Occupation		
Employer Mail Place of Busine	ing Address / Principal 355			Description of Contribution		
Full Name of C	ontributor		Date [MM/DD/YYYY] /\$			
House #	Street Address			Date [MM/DD/YYYY] - \$		
City		tate	Zip Code	Date [MM/DD/YYYY] 4		
Employer Nam	l c		[2000] [2000] [2000] [2000] [2000] [2000] [2000] [2000] [2000] [2000] [2000] [2000] [2000] [2000] [2000] [2000]	Occupation		
Employer Mail Place of Busine	ing Address / Principal			Description of Contribution		

Statement of Expenditures

iler Identification Number:			

To Whom Paid				Date (MM/DD/AYYY)
House #	Street Address	·		Description of Expenditure
City	10.100	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] 8
House #	Street Address			Description of Expenditure
City		State	Zip	
To Whom Paid			Code	Date [MM/DD/YYYY]
House #	Street Address			Description of Expenditure
Gity		State	Zip	
To Whom Paid			Code	(Date (MM/DD)/YYYY) 33
flouse#	Street Address			Description of Expenditure
City		State	Zip	
To:Whom Raid			Code	Date MM/DD/XXXXI 8
House#	Street Address			Description of Expenditure
City		State	Zip	
To Whom Paid			Code	ADSIGNIMINADDYAWAYAN SIRS
House #				Description of Expenditure
City	Street Address	State	Zio	Description of experience
To Whom Paid			Code	Datg (MN/DD/AVVV) S S
G ermania				
House #	Street Address	State	[8774W00000]	Description of Expenditure
City	<u> </u>	Sidic	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] S
House #	Street Address	Doctor organical	In the Eventual Contract of	Description of Expenditure
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 Nu	ımber:			
e and source the Reduction	等等的概念等的 ————————————————————————————————————			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City,		State	Zip Code	
Description of Debi	t	<u> </u>	[10 m m m m m m m m m m m m m m m m m m	1,000,0
Name of Creditor	Period March March			Outstanding Balance of Debt
House #	Street Address	[] [] [] <u>4.</u>	DATE DEBT INCURRED [MM/DD/YYYY]	3
City		State	Zip Code	
Description of Debi	•	<u> </u>		
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
				-
City		State	Zip Code	
Description of Debi				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	À	DATE DEBT INCURRED [MM/DD/YYYY]	
City.		State	Zip Code	
Description of Debt	t		,	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	· 第122 <u>·</u>	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	_
Description of Debi	t	Per enjoya, dite nicht	In the Water State	1555754
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Códe	-
Description of Debi	t		VYUU	<u> </u>
agrams, como postolysty CN	- 100 of 100			

Schedule II, Parts F&G	In Kind Contributions		o art ar Marti harrinard comide demonstrate and 12° an		1		
Full name of Contributor	Mailing Address	Date	Amount	Description	Vendor	Address	
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	11/2/2021	\$1.67	Online donation fees	GetThru	PO Box 2690 Alameda, CA 94501	
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	11/10/2021	\$28.09	Banner	Paragon Solution	2141 East Broadway Rd, Ste 202 Tempe, AZ 85282	
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	11/1/2021	\$53.07	EveryAction subscription charges	EveryAction	PO Box 392264 Pittsburgh, PA 15251	
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	11/15/2021	\$75.60	Texting service	Sequal	PO Box 5288 Pittsburgh, PA 15206	
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	11/5/2021	\$1,114.75	Staff time	PA United	841 California Ave. Pittsburgh, PA 15212	
			-t-1				
		Total	\$1,273.18		44		
		under 50	\$29.76		2	***************************************	
		50-250	\$128.67		5 2 2		
		over 250	\$1,114.75				
Schedule III	Expenditures					0.00	
To Whom Paid	Mailing Address	Description	Amount				
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	Reimb for staff time	\$300.47				

-6

			•	
ļ				
:				
:				
:				
!				
1				
:				
:				
:			•	
1				
1				
:				
:				
1				
:				
		•		
:				