

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 B	y Candid	ate	Committee	Lobbyist					
Name of Filing Committee, Candidate or Lobbyist		Committee to E	lect Chuck Ne	Ison								
Street Address	•	·. ····	646 W 9th St			.		······································				
City	Erie		1	State	PA	Zip Code	Zip Gode 16502					
Type of Report (Place												
	nd Friday Primary	3-30 Day Post Primary	4-6 th Tuesday Pre-Election	5- 2 nd Friday Pre- Election	I	7- Annual	Special 2 ^{nc} Friday Pre-Election	Special 30 Day Post-Election				
					X							
Date Of Election (MM/DD/YYYY)		11/02/2021	Year	2021	Amendment Report		Termination Report					
Summary of Receipt Expenditures	s and	From Date	To Date	,		For	Office Use Only					
		10/19/2		22/21								
A. Amount Brought I				,547.43]							
B. Total Monetary Co (From Schedule I)		ns and Receipts	\$.	550.00			:	· 16. %				
C. Total Funds Availa (Sum of Lines A and			8 2	,097.43			l y s d l mes s	Ď.				
D. Total Expenditure (From Schedule III)			8	33.76	1			. 7 . 1 . 5				
E. Ending Cash Balan		* .	8 2	,063.67	-) v.5				
(Subtract Line D fron F. Value of In-Kind Co		ns Received	8		-			1				
(From Schedule II) G. Unpaid Debts and	Obligatio	ne	8		-			* S				
(From Schedule IV)	Obligatio											
Part 1- If this is a Comm	ittee repor	t, treasurer sign h	ere. If this is a Can	Affidavit Se didate report, o								
I swear (or affirm) that i Sworn to and subscribe			ched schedules or	paper, is to the	best of my knowled	ige and belief t	rue, correct and comple	te.				
day of		20	_ '1		$-(-)_{\omega}$	1/7						
]	_	Signature Janei)	of Person Subm	itting report					
Signa	ture		_	_	C)	Printed Nam						
My Commission expires	DAY YR.	,	-	8 /2/ Area Code		// 2755 /time Telephone Numbe	3r					
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												
, .	T NEIGIE III			Γ				~				
day of		20	1 l.	L.,	C/ Sign	nature of Candi	date					
Signa	ture		-	_	Printed Name							
My Commission expires		DAY 125	_		814	72	0-9996					
	MO.	DAY YR.			Area Code	Dayt	time 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)	8	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	200
All Other Contributions (Part B)	8	350
Total for the reporting period (2)	8	550
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	8	
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	
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)	8	

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.

3-3969891										
Amount										
Full Name of Contributing AFSCME Council 13							Date [MM/DD/YYYY]	\$	100	
Commi	ttee		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			10/20/2021		
House # 4031 Street Address Executive Park Dr							Date [MM/DD/YYYY]	8		
	LABOURY FAIR DE									
City	Harrisburg		······	State	PA	Zip Code	17111	Date [MM/DD/YYYY]	8	
	me of Contribu	ting	Erie Fire Fi	abtore P/	\C	······································		Date [MM/DD/YYYY]	DD/YYYY] \$ 100 DD/YYYY] \$ 5	
Commi	ttee			gillela i r	10			10/20/2021		100
House :	# 1	Street 6	ddress PO					Date [MM/DD/YYYY]	•	
110400		Guoti	ingi osa PO	Box 357	6			Date [WINI/DD/1111]	•	
		<u></u>				-, <u></u>				
City	Erie			State	PA	Zip Code	16508	Date [MM/DD/YYYY]	.\$	
	me of Contribu	ting						Date [MM/DD/YYYY]	\$	
Commi	llee							·		
House :	#	Street A	ddress		······································			Date [MM/DD/YYYY]	ŝ	
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City				State		Zip Code		Date [MM/DD/YYYY]	ð	
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กบนรษ	•	Street A	adress					Date [MM/DD/YYYY]	2	
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
	Full Name of Contributing						Date [MM/DD/YYYY]	8		
Committee										
House # Street Address				· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	8				
							1			
City		<u> </u>	L	State	I	Zip Code	···	Date [MM/DD/YYYY]	8	
Jy				Juliano		Lip SOUG		Date [IMM/DD/1111]		

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									
							,		
Full Na	me of Contributor	Pierre McCormi	Date [MM/DD/YYYY] 10/20/2021	8	100				
House	House # Street Address PO Box 9852						Date [MM/DD/YYYY]	8	
City	Erie		State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	
Full Name of Contributor Thomas Alderton						Date [MM/DD/YYYY] 10/20/2021	\$	250	
House	# 657 Str	eet Address _{W 7}	th St				Date [MM/DD/YYYY]	8	
City	Erie		State	PA	Zip Code	16502	Date [MM/DD/YYYY]	8	
Full Na	me of Contributor						Date [MM/DD/YYYY]	\$	
House # Street Address					Date [MM/DD/YYYY]	\$			
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	me of Contributor					·	Date [MM/DD/YYYY]	\$	
House	# Str	eet Address	1.11/10				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	17.6
Full Na	me of Contributor						Date [MM/DD/YYYY]	\$	·
House # Street Address						Date [MM/DD/YYYY]	\$		
City	-		State		Zip Code		Date [MM/DD/YYYY]	\$	
	Full Name of Contributor						Date [MM/DD/YYYY]	\$:
House #	# Stre	eet Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	

Statement of Expenditures

Filer Identification Number:	83-3969891	
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110000 #	Street Address					Description of Expenditure
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Carrier Control				Code		
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House #	Street Address					Description of Expenditure
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City		State		Zip		
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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.

iName of Filling Repositing Gydl	Committee) Can >:Name	didatey.onitobby	KY- E		
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday 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-Special	Election	-	cle 9 ost-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

Ø 02 /12 / ∋ 03 (Date (DD/MM/YYYY)

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) **Tartisburg • __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

Printed Name

. / 04 / 1. -

Date (DD/MM/YYYY)

Location (City/State/Country)