

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 type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/19/21	11/22/21	
A. Amount Brought Forward From Last Report	\$	1,547.43	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	550.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2,097.43	
D. Total Expenditures (From Schedule III)	\$	33.76	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,063.67	
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

My Commission expires MO. DAY YR.

Signature of Person Submitting report
Jared E. Leonard
Printed Name

814 Area Code 746-2755 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

My Commission expires MO. DAY YR.

Signature of Candidate
Charles Nelson
Printed Name

814 Area Code 720-9996 Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	83-3969891	
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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)	\$	200
All Other Contributions (Part B)	\$	350
Total for the reporting period	(2)	\$ 550

3. Contributions Over \$250.00 (From Part C and 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)		
Total for the reporting period	(4)	\$
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				AFSCME Council 13				Date [MM/DD/YYYY]		\$	100					
								10/20/2021								
House #		4031		Street Address		Executive Park Dr				Date [MM/DD/YYYY]		\$				
City		Harrisburg			State		PA		Zip Code		17111		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee				Erie Fire Fighters PAC				Date [MM/DD/YYYY]		\$	100					
								10/20/2021								
House #				Street Address		PO Box 3576				Date [MM/DD/YYYY]		\$				
City		Erie			State		PA		Zip Code		16508		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.)

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Full Name of Contributor		Pierre McCormick				Date [MM/DD/YYYY]	\$	100
						10/20/2021		
House #		Street Address	PO Box 9852			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Thomas Alderton				Date [MM/DD/YYYY]	\$	250
						10/20/2021		
House #	657	Street Address	W 7th 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]	\$	
Full Name 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 #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		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]	\$	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	83-3969891
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To Whom Paid	Wix	Date [MM/DD/YYYY]	11/18/2021	\$	25.44
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	Date [MM/DD/YYYY]	11/03/2021	\$	8.32
House #	900	Street Address	Chelmsford St	Description of Expenditure	
City	Lowell	State	MA	Zip Code	01851
fees					
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	
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

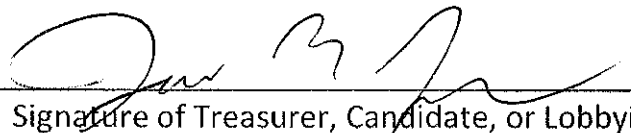
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports


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.

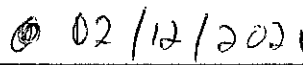
Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input checked="" 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	

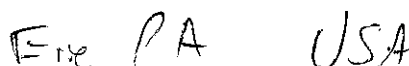
Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

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


Printed Name


Date (DD/MM/YYYY)


Location (City/State/Country)



Pennsylvania Department of State

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www.dos.pa.gov/campaignfinance • pa-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

~~12/2/21~~ 02/12/2021

Date (DD/MM/YYYY)

Charles Nelson

Printed Name

Eric / PA / USA

Location (City/State/Country)