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

Filer Identification Number	Report Filed By Can (Mark X)	lidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbylst	Friends of Kendrick Tate			
Street Address	1114 W 10th St			
City Erie	Stat	PA	Zip Code 16502	
Type of Report (Place x under report type)				
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	2-6 th Tuesday 5-2 nd Frid Pre- Election Pre- Elect		t 7- Annual Special 2 Pre-Elec	^{na} Friday - Special 30 Day tion - Post-Election
Date Of Election (MM/DD/YYYY) 11/02/2021	Year 2021	Amendment Report	Termina Report	tion
Summary of Receipts and From Date Expenditures	To Date		For Office Use	Only
10/19/2021				
A. Amount Brought Forward From Last Repor	500.01	_		
B. Total Monetary Contributions and Receipts (From Schedule I)	0			
C. Total Funds Available (Sum of Lines A and B)	\$ 500.01			Handaliff personal property
D. Total Expenditures (From Schedule III)	500.01			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ o			normal p
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0			
G. Unpaid Debts and Obligations (From Schedule IV)	\$.			(1) (T) (T) (T) (T) (T) (T) (T) (T) (T) (T
		t Section		
Part 1- If this is a Committee report, treasurer sign h				
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this	iched schedules on paper, is to	the best of my knowle	eage and belief true, correct	and complete.
day of20	- '1	Elys U	(aur	
	_	Signature Elizabeth C Nawro	e of Person Submitting repor ocki	t
Signature	, 1		Printed Name	
My Commission expires MO. DAY YR.	_	814	528-1726	
		Area Code	Daytime Teleph	ione 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		1/1		
day of20	- '		grature of Candidate	
Signature	- '	Ken	Printed Name	
	, 1	814	490-160	2
My Commission expires	_	Area Code	Daytime Telepho	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1 Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		111111	
Total for the reporting period	(1)	\$	
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 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 (Add and		\$	

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B)

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				
				Amount
Full Name of Contributing			Date [MM/DD/YYYY] S	\$
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	S
	10000	To the state of th	3302 (1044)	
City	State	Zip Code	Date [MM/DD/YYYY) S	
Full Name of Contributing	· · · · · · · · · · · · · · · · · ·	ELECTROPHY IN THE STATE OF THE	Date [MM/DD/YYYY] \$	
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	1
	F. COLON	Tomodova bloke v		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee			AND THE PROPERTY OF THE PROPER	
House # Street Address	_		Date [MM/DD/YYYY] \$	
		EA L/FOUNDATION		
City .	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee			MANUAL MA	
House # Street Address			Date [MM/DD/YYYY] \$	<u> </u>
	1222-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	IN THE PROPERTY OF THE PROPERT		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/\\\\)	
House # Street Address			Date [MM/DD/YYYY] \$	ecrotic West 5
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing	Kadinakan		Data MAN (OD / COM)	er ande Catalog Catalo
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] S	Y S
City	State	Zip Code	Date [MM/DD/YYYY] \$	Ne construction of the con

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.)

The identification number.				
1.501				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] 5	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
		Ap code		
Full Name of Contributor			Date [MM/DD/XYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	. State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
Gity.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City:	State State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributor			=Date [MM/DD/YYYY] \$	
	#12-4-2-1-0000004-1)			
House # Street A	ddress		Date (MM/DD/XYYY) \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

	•			
Full Name of			Date [MM/DD/YYYY]	5
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
	J. Lake	zip code	Date [Will/DD] (111)	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
	•			
House # Street Address			Date [MM/DD/YYYY]	5
and the second s				
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of		bens annotatio decido de deniel	Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
			June ()	
	NAZVETONIOS			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date (MM/DD/YYYY)	\$
House # Street Address			Date [MM/DD/YYYY]	\$
Alba Barbara appropriation of the second				
City	State	Zip Code	Date [MM/DD/YYYY]	\$
East A thi		and the sweets		
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
City City	State	Zip Code	Date [MM/DD/YYYY]	\$
City		Lip Gude	Date (MM)/DD/1111	7
		ir done din esculi	B-1-1/10 /AD-/WWW.	_
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
				anti-ri
House # Street Address			Date [MM/DD/YYYY]	\$
			A CONTRACTOR OF THE CONTRACTOR	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
		despellate (nel		

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 Number:

Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
				*
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor	· ·		Date [MM/DD/YYYY]	Sal
				*
House # Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
		in the control of the		
Employer Name			Occupation	
Employer Mailing Address /				
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	5
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	5
House # Street Address			Date [MM/DD/YYYY]	\$
Gity	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	paratisana e 1883		Occupation	
Employer Mailing Address /				<u></u>
Employer Walling Address / Principal Place of Business				

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	748 348 350			
Full Name				
House #	Street Address			
City		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full Name				
House #	Street Address			
City		State	Zip Code	Date (MM/DD/YYY) \$
Receipt Description			Coue	
Full Name				
House #	Street Address	·		•
City		State	Zip	Date (MM/DD/YYYY) \$
			Code	The state of the s
Receipt Description	3 1 - 5 10 - 5			
Full Name House #	Street Address			
City	Street Address	State	Zip	Date [MM/DD/YYYY] \$
			Code	2
Receipt Description				TOO SECTION OF THE PROPERTY OF
Full Name				
House #	Street Address	State		
		Juste	Zip Code	Date [MIM/DD/YYYY] \$
Receipt Description				

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:			
1. UNITEMIZED IN-KIND CONTRIBUTIONS R	RECEIVED-VALUE OF \$50.00	10 OI	R LESS PER CONTRIBUTOR
TOTAL for the reporting period (1	(1) \$	\$	

2. IN-KIND CONTRIBUTIONS RECEIVED-VAL	LUE OF \$50.01.10 \$250.00	(FK	(OM PARI F)
TOTAL for the reporting period (2	(2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED-VALU	UE OVER \$250.00 (FROM P	AR'	(G)
TOTAL for the reporting period (3	3)	\$	
		_	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURIN PERIOD (Add and enter amount totals from boxes on Page 1, Report Cover Page, Item F)		\$	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:		-
	·	

Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zipi Codie	Date [MM/DD/YYYY]	\$
Description of Contril					
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	•
Description of Contrib	ution				
Full Name of Contribu	inded Negra				
House #	Street Address			Date [MM/DD/YYYY]	\$
City December of Courts		State	Zip Gode	Date [MM/DD/YYYY]	\$
Description of Contrib					
Full Name of Contribu					\$
House #	Street Address				\$
City Description of Contrib		State	Zip Code	Date [MM/DD/YYYY]:	\$
Full Name of Contribu				193	\$
	Street Address		and the second		5
City Second		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
i full Namerol Contributor		Date (MM/DD/YYYY)
House # Street	Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		
Employer Mailing Address / P	11 17 17 17 17 17 17 17 17 17 17 17 17 1	Occupation Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street #	Address	Date [MM/DD/YYYY] \$
Gity	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	THE PROPERTY OF THE PROPERTY O	Occupation
Employer Mailing Address / P Place of Business	rincipal	Description of Cantribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street A		Date [MM/DD/YYYY] \$
Gity II	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / P Place of Business	rincipal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street A	Address	Date (MM/DD/YYYY) \$
Giy	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Pi Place of Business	rincipal	Description of Contribution

Statement of Expenditures

Filer (dentification Number:		
Filer Identification Number:		
	Filer Identification Number:	

To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditur	e
City		State	Zip Code		
To Whom Paid		\ <u>-</u>		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	
House #	Street Address	State	Zip Code	Description of Expenditure	
House # City To Whom Paid	Street Address	State		Description of Expenditure Date [MM/DD/YYYY] \$	
House # City To Whom Paid House #	Street Address Street Address		Code	Description of Expenditure	
House # City To Whom Paid House #	Street Address	State		Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure	
House # City: To Whom Paid House # City To Whom Paid	Street Address	State	Code	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$	
House # City To Whom Paid House # City To Whom Paid House #	Street Address	State	Zip Code	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure	
House # City To Whom Paid House # City To Whom Paid House #	Street Address	State	Code	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$	
House # City To Whom Paid City To Whom Paid House # City To Whom Paid	Street Address Street Address	State	Zip Code	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure	
House # City To Whom Paid House # City To Whom Paid House #	Street Address	State	Zip Code	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$	

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:				
Name of Creditor House # Stree City	et Address	(Min	IEBT INCURRED N/DD/YYYYY]	Outstanding Balance of Debt \$
Description of Debt Name of Creditor House # Street	et Address	DATED	DEBT INCURRED	Gutstanding Balance of Debt \$
City Description of Debt Name of Creditor House # Street	: Si		ip ode EBT INCURRED	Outstanding Balance of Debt
Gity Description of Debt		[MA	A/DD/YYYY) lip code	
Name of Creditor House # Stree City Description of Debt	at Address St	[MN	EBT INCURRED I/BD/YYYY] Ip code	Outstanding Balance of Debt.
Name of Creditor	et Address	[MN	EBT INCURRED I/DD/YYYY) Ip	Outstanding Balance of Debt
Description of Debt Name of Creditor	Pr-Address	DATED	ode EBT INCURRED I/OD/YYYY]	Outstanding Balance of Debt
City Description of Debt		ate 2	ip.	

Schedule III	Expenditures			
Date	To Whom Paid	Mailing Address	Description	Amount
11/05/2021	PA United PAC	523 Hastings St. Pittsburgh, PA 15206	Reimb for staff time	\$500.01

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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 Friends of Kendrick Take Reporting Cycle Name					
☐ 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		☐ 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 Date (DD/MM/YYYY)

Elizabeth C Nawrocki City of Erie

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

Nerdrick J Take

Printed Name

12/06/2021

Date (DD/MM/YYYY)

Erie, PA USA

Location (City/State/Country)