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

Filer Identification Number	Report Filed By Candidate Committee Lobbyist (Mark X)					Lohbyist				
Name of Filing Committee, Lobbyist	Candidate or	Friends to Elect Leatra Tate					, , , , , , , , , , , , , , , , , , ,		130511200 1155	
Street Address		503 W 10	Oth St							
City	en e	i l.		Sti	ite	PA	Zip Code	16502		
Type of Report (Place x unde	er report type)					•				
1-6 th Tuesday 2-2 nd Frid Pre-Primary Pre-Primar	y 3-30 Day Post Primary	4-6 th Tue Pre-Elec	75.12151474154564	5- 2 nd Fr Pre- Ele	2180 753235	6-30 Day Post Election	7- Annual	Special 2" Pre-Election	THE PROPERTY OF THE PARTY OF THE	Special 30 Day Post-Election
STEPPHEN CONTROL STORM WINDSTERN			10000			$\left[\times \right]$				
Date Of Election (MM/DD/YYYY)	11/02/2021	Year		2021	J	Amendment Report		Terminati Report	on Maria	X
Summary of Receipts and	From Date	in in the second	o Date	r oguserdin	is veliki		l For	Office Use C	nly	
Expenditures	10/19/2021	gisei een	11/	/22/2021	POPULATION OF THE PROPERTY OF					
A, Amount Brought Forward	l From Last Repor	\$	1	191.32		25.41.			. 4 .	***
B. Total Monetary Contribu (From Schedule I)	tions and Receipts	\$		48.38				- :-		
C. Total Funds Available (Sum of Lines A and B)		\$	\$ 1239.70				.			
D. Total Expenditures (From Schedule III)	\$	\$ 1239.70			Section 1					
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 0		,				Sand the		
F. Value of In-Kind Contributions Received (From Schedule II)			\$ 796.60), 177 178 3	1
G. Unpaid Debts and Obliga (From Schedule IV)	tions	\$								
Part 1- If this is a Committee rep	art transurar sign h	oro Ifthici	c o Con		vit Sec					
I swear (or affirm) that this repo							ge and belief tr	ue, correct ar	nd complet	te.
Sworn to and subscribed before	me this					90-011	laws			
day of	20	_	1			Coly	<u>C</u>			_
		_	 		Eli	Signature zabeth C Nawroc	of Person Subm :ki	litting report		•
Signature			J				Printed Nam	e		
My Commission expires		_			81	4		-1726		<u> </u>
MO.	DAY YR.				A	rea Code	Day	time Telepho	ne 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 subscribed before me this										
day of										
		_					nature of Candid	late		
Signature		•	1		_	·	Printed Name			
My Commission expires MO.	DAY YR.	_			Ai	74 rea Code		<u>(クーリイス</u> ime Telephon	Z le Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1.Unitemized Contributions and Receipts-	\$50.00 or Less per Contributor		P.333	and the state of t
	Total for the reporting period	(1)	\$	48.38
2. Contributions of \$50.01 to \$250.00 (Fr Part A and Part B)	om Spale	(3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
Contributions Received from Political Com	mittees (Part A)		\$	
All Other Contributions (Part B)			\$	
	Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part	C and Part D)			Total Company of State (State
Contributions Received from Political Com	mittees (Part C)		\$	
All Other Contributions (Part D)			\$	
	Total for the reporting period	(3)	\$	

48.38

Total for the reporting period

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 Cont	ributing			Date [MM/DD/YYYY]	\$ Amount
Committee					\$6.00
House#	Street Address	<u> </u>		Date [MM/DD/YYYY]	\$
					255
City	**************************************	State	Zip Code	Date [MM/DD/YYYY]	\$
CONTRACTOR OF THE CONTRACTOR O	-TANKINASSONAI			THE THE PERSON AND TH	
Full Name of Conti Committee				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
House #	Street Address			Date [MM/DD/YYYY]	\$
Gry	Handressinsti andtest	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Conti Committee	(buting)	·		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	measum parm driawaniem.	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ributing			Date [MM/DD/YYYY]	Sin Circumstantian Circumstantian Circumstantian Circumstantian
House #	Street Address			Date [MM/DD/YYYY]	32- 2- 2- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3-
City	ne otto ozos, notros telip NSS of PASS	State	Zip Code	Date [MM/DD/YYYY]	Š
Full Name of Contr Committee	ibuting	processing (Assix)	, and	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	Foreign cantiminate and grading	State	Zip Code	Date [MM/DD/YYYY]	1924 1022 1022 1023 1023 1024 1024 1024 1024 1024 1024 1024 1024
Full Name of Contr Committee	ibuting:			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	,	State	Zip Code	Date [MM/DD/YYYY] S	

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.)

Filer Identification Number:

Full Name of Cont	ibutor			Date MM/DD/YYYYI \$	
				THE RESERVE OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY O	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date (MM/DD/YYYY) S.	
Gity	The transfer of the transfer o	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
g Gity		State	Zip Code	Dete [MM/DD/YYYY] \$	
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	DMCDXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont				Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
Sity		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Numbers

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] \$	
Contributing Committee				
House# Street Add	lress .		Date [MM/DD/YYYY] \$	-
			\$2,553 2017 2017 2017 2017 2017 2017 2017 2017	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
				•
Full Name of			Date [MM//DD/YYYY] \$	
Contributing Committee				
House # Street Ado	iress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Add	dress		Date [MM/DD/YYYY] \$	
l en latini La cere				
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	or model the deleter dead			
House # Street Add	iress		Date [MM/DD/YYYY] \$	
	Mark Company	1-0713/0.0710/0710-071000000000000000000000000000		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Add			Date [MM/DD/YYYY] \$	
en de la company de la comp	eus -			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
C NY	State	ZIP Gode	Date [MM/DD/YYYY) \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Add	Iress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

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:

Fall Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
		R. COURSE V. CONTROL OF THE CONTROL	
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address /			Occupation
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] \$
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] \$
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] \$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation

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.

rilei identification (vuiti				
Full Name				
House#	Street Address			•
City	Waste Wittersand I American Control of the Control	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>intra-pre-inscrint</u>	EARNING ESTATE OF THE STATE OF	日本担害
Full Name				
House # City	Street Address	State	[2]p	Date [MM/DD/YYYY] \$
elever produces explicit energy communications		oidle.	Code .	Date [MM/DD/YYYY] \$
Receipt Description		19311111151150	generala statistes	Galant
Full Name				
House # City	Street Address	State	Ziputua	Date [MM/DD/YYYY] S
			Code	Date [MM/DD/YYYY] \$
Receipt Description	7 (
Full Name House#	Street Address			
	Street Address	State	Zip	Date [MM/DD/YYYY] \$
Balla Dalbaka Abasa da Pad			Code	
Receipt Description				
	Street Address			
City	Street Address	State	Zajpa ne to	Date [MM/DD/YYYY] \$
Receipt Description	14 17 15 116 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Code	Date [MM/DD/YYYY] \$
mercini mesoribilari				

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 CONT	RIBUTIONS RECEIVED-VALUE OF \$	50.00 C	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	29.75
2. IN-KIND CONTRIBUTIONS R	ECEIVED-VALUE OF \$50.01 TO \$250).00 (FF	ROM PART F)
TOTAL for the reporting period	(2)	\$	128.67
3 IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$250.00 (FRO	M PAR	(1 G)
TOTAL for the reporting period	(3)	\$	638.18
		٠,	
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals		\$	
on Page 1, Report Cover Page, Item F			796.60

SCHEDULE II PART F

In-Kind Contributions Received

		V	ALUE OF \$50.01 TO \$250		
Filer Identification Num	bec.				
Full Name of Contrib	utor:	·		-Date [MM/DD/YYYY] \$	
House #	Street Address		·	Date [MM/DD/YYYY] \$	
City Description of Contri	oution	State	Zip Code	Date [MM/DD/YYYY] \$, ·
Full Name of Contrib				Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	Pov. Miller Colon Lay Charge and Annual Control of the Colon	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contri	uution				
Full Name of Contrib	i tor			Date [MM/DD/YYYY] -\$	
House #	Street Address	The surelime	* KUMMATHER STEER S	Date [MM/DD/YYYY] \$	
City Description of Contri	bution	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contrib				Date [MM/DD/YYYY] \$	
House #	Street Address	Foregonery control		Date (MM/DD/YYYY) \$	
City Description of Contril	out (comments)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contrib	lior			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

Description of Contribution

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	·
Full Name of Contributor	Pate [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	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] 5
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	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] 5
Hause # 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	Description Contribution
Full Name of Contributor	Date [MM/bp/YYYY] 5

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Occupation

Description

Contribution

of

House #

City

Employer Name

Place of Business

Employer Mailing Address / Principal

Street Address

State

Zip Code

SCHEDULE III

Statement of Expenditures

1000-000-000-000-000-000-00-00-00-00-00-			
Filer Identification Number:			

To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
eny	RESERVING ORGANISMENTS	State	Zip Code	типровина виконовичення подпиты, ристранованая	·
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address		<u> </u>	Description of Expenditure	
City	, barranga manangana	State	Zip Code 11	TO THE TOTAL PROPERTY AND ASSESSED AND ASSESSED AS THE CONTRACT OF THE CONTRAC	
To Whom Paid				Date [MM/DD/YYYY] : \$:	
House #	Street Address		·	Description of Expenditure	
City	LONGOT ATAS SOFTWAY SET TO PERSON OF THE PER	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] 5	
House #	Street Address			Description of Expenditure	
City	Hollen (co-property) and co-property	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	
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:

	Si nigor paginipas		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
600.000		[MM/DD/YYYY]	
City	jakuskistausististi Aksist	State Zip	
		Code	
Description of Debt		12330 ASSA (ASSA ASSA)	127272221
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
City		State Zip	
		Code	
Description of Debt		Discussive Charles Constitution	ETTCEOMERS.
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
		[YYYY\aa\mm]	
City		State Zip	
entra establica de la como		Code	
Description of Debt		•	
Name of Creditor			Outstanding Balance of Debt
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
House #		[MM/DD/YYYY]	
		[MM/DD/YYYY] State Zip	
House #		[MM/DD/YYYY]	
House #		[MM/DD/YYYY] State Zip	
House #		[MM/DD/YYYY] State Zip	
House # City Description of Debt Name of Creditor		[MM/DD/YYYY] State: Zip Code	\$
House # City Description of Debt	Street Address	[MM/DD/YYYY] State Zip	Sutstanding Balance of Debt
House # City Description of Debt Name of Creditor	Street Address	State Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Sutstanding Balance of Debt
House # City Description of Debt Name of Creditor	Street Address	State Zip Gode DATE DEBT INCURRED [MM/DD/YYYY] State Zip	Sutstanding Balance of Debt
House # City Description of Debt Name of Creditor House # City	Street Address	State Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Sutstanding Balance of Debt
House # City Description of Debt Name of Creditor House #	Street Address	State Zip Gode DATE DEBT INCURRED [MM/DD/YYYY] State Zip	Sutstanding Balance of Debt
House # City Description of Debt Name of Creditor House # City Description of Debt	Street Address	State Zip Gode DATE DEBT INCURRED [MM/DD/YYYY] State Zip	Outstanding Balance of Debt
House # City Description of Debt Name of Creditor House # City Description of Debt	Street Address	State Zip Code DATE DERT INCURRED [MM/DD/YYYY] State Zip Code	Outstanding Balance of Debt S Outstanding Balance of Debt
House # City Description of Debt Name of Creditor House # City Description of Debt	Street Address	State Zip Code DATE DERT INCURRED [MM/DD/YYYY] State Zip Code DATE DEBT INCURRED	Outstanding Balance of Debt \$ Outstanding Balance of Debt
House # City Description of Debt Name of Creditor House # City Description of Debt	Street Address	State Zip Code DATE DERT INCURRED [MM/DD/YYYY] State Zip Code	Outstanding Balance of Debt S Outstanding Balance of Debt
House # City Description of Debt Name of Creditor House # City Description of Debt	Street Address	State Zip Gode DATE DEBT INCURRED [MM/DD/YYYY] State Zip Gode DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt S Outstanding Balance of Debt
House # City Description of Debt Name of Creditor House # City Description of Debt Name of Creditor House # City	Street Address	State Zip Gode DATE DEBT INCURRED [MM/DD/YYYY] State Zip Gode DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt. S Outstanding Balance of Debt.
House # City Description of Debt Name of Creditor House # City Description of Debt Name of Creditor House #	Street Address	State Zip Gode DATE DEBT INCURRED [MM/DD/YYYY] State Zip Gode DATE DEBT INCURRED [MM/DD/YYYY] State Zip Gode	Outstanding Balance of Debt. S Outstanding Balance of Debt.

Schedule II, Parts F&G	In Kind Contributions					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	2141 East Broadway Rd, Ste 20 Paragon Solution Tempe, AZ 85282		
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	11/10/2021	\$28.08	Banner		Sequal	PO Box 5288 Pittsburgh, PA 15206	
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	11/1/2021	\$53.07	EveryAction sub	scription charges		PO Box 392264 yAction Pittsburgh, PA 15251	
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	11/15/2021	\$75.60	Texting service		GetThru	PO Box 2690 Alameda, CA 94501	
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	11/5/2021	\$638,18	Staff time		PA United	841 California A Pittsburgh, PA 1	
			:		· 			
		Total	\$796.60					
		under 50	\$29.75					
		50-250	\$128.67					
	i I	over 250	\$638.18		i	ļ		
Schedule III	Expenditures					: :: !		
Date	To Whom Paid	Mailing Address	Description	Amount				· ·
		820 Cranberry St.						
11/18/2021	Molly Brechtel	Erie, PA 16502	Reimb for Election party	\$85.50				
11/05/2021	PA United PAC	523 Hastings St. Pittsburgh, PA 15206	Reimb for staff time	\$476.57				
	PA United PAC	523 Hastings St. Pittsburgh, PA 15206	Reimb for staff time	\$677.63	:		_	
				\$562.07				



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 Friends to Elect Leatra Tate 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	•	cle 9 est-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

11/30/2021

Date (DD/MM/YYYY)

Elizabeth C Nawrocki

Printed Name

City of Erie

Location (City/State/Country)

M

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)

Leatra Toote

Ene, PA, USA

Printed Name

Location (City/State/Country)