Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer identification Number	Report Filed By (Mark X)	Candidate	Committee	\times	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Friends to Elect Le	eatra Tate				
Street Address	503 W 10th St					
City Erie		State 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		5- 2 nd Friday 6-30 Pre-Election Elect	Day Post 7- Annual	Special 2 nd Friday. Pre-Election	Special 30 Day Post-Election	
Pre-Primary Pre-Primary Primary	Pre- Election	Pre-Election Elect			35 TECHO	
		X				
Date Of Election (MM/DD/YYYY) 11/02/2021	Year	2021 Repo	ndment	Termination Report		
Summary of Receipts and From Date Expenditures	To Date		For	Office Use Only		
06/07/2021		18/2021				
A. Amount Brought Forward From Last Report		0.01				
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 1,!	577.33				
C. Total Funds Available (Sum of Lines A and B)	\$ 1,	577.34	ERIE COUNTY			
D. Total Expenditures (From Schedule III)	\$ 3	86.02	OCT 22 2021			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 1,	191.32	VOTER	REGISTRATION		
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 1,	471.48				
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0				
Part 1- If this is a Committee report, treasurer sign ho	If this is - C	Affidavit Section	a sieu haua			
I swear (or affirm) that this report, including the attac				ue, correct and comple	ete.	
Sworn to and subscribed before me this			9 Box (Mai			
day of20	- '1		Signature of Person Subn	nitting report		
Signature	- ˈ	Elizabeth	C Nawrocki Printed Nam			
My Commission expires	, !	814		1726		
MO. DAY YR.	_	Area Coo	de Day	rtime Telephone Numb	per	
Part II- If this is a report of a Candidate's Authorized						
I swear (or affirm) that to the best of my knowledge amended.	and belief this polit	ical committee has not	violated any provisions of	he Act of June 3, 1937	(P.L. 1333, NO.320) as	
Sworn to and subscribed before me this			, 			
day of20	- 1	/ Lea	20/2/800	}		
	_	<u>Leatra Tat</u>		38te		
Signature	. 1	-A1-	Printed Name			
My Commission expiresMO. DAY YR.	_	814 Area Cod	de Dayi	ime Telephone Numbe	er	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number:		
	anie dennicatori variae in	

1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 264.14
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 258.74
Total for the reporting period (2)	\$ 258.74
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 1,054.45
All Other Contributions (Part D)	\$ o
Total for the reporting period (3)	\$ 1,054.45
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ o
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)	\$ 1,577.33

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.

	Amount
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] S
State Zip Code	:Date [MM/DD/MYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date (MM/DD/YYYY)
Füll Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] S
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date (MM/DD/YYYY)
House # Street Address	Date [MM/DD/YYYY] S
City State Zip Code	Date [MM/DD/YYYY] . \$
Full Name of Contributing Committee	Date (MIN/DD/YYYY) = 5
House # Street Address	Date [MM/DD/YYYY] S
State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing	Date [MM/DD/YYYY] 5
House # Street Address	Date [MM/DD/YYYY] 5
-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.)

Filer Identification Number:

Full Name of Contributor			Date [MM/DD/YYYY]	\$
	SEE ATTACHED			
House# Stree	t Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	**************************************
15			Partie Inches	
House# Stree	t Address		Date [MM/DD/YYYY]	. 5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	3
House # Stree	t Address		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	5
Turi Marite Di COILI (Duto)			Date (MINI) DD/ 1 111	
House # Stree	t Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	5
House # Stree	t Address	1990 Marie	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
Full Name of Contributor			Date [MM/DD/YYYY]	\$5f
House # Stree	t Address		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	5

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 Contributing Committee	SEE ATTACHED	-	Date [MM/DD/YYYY] 5	
House # Stre	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Photography of State 25 at 25		Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Commission of Co	pas 6 colory of 64 statutes almost 4	Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] \$	Acceptance of the control of the con
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stre	et Address	1 34 11 11 11	Date [MM/DD/YYYY] \$	içi i
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] 5	
City	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 Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code Employer Name	Date [MM/DD/YYYY] \$ 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 Employer Name	Date [MM/DD/YYYY] \$ 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 Employer Name	Date [MM/DD/YYYY] \$ 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 Employer Name	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business	Occupation

PART E

Other Receipts

REFUNDS, INTREST 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 Number:				
- Lu	·			
Full Name				
	eet Address			
City	-	State	Zip Code	Date [MM/Db/YYYY] \$
Receipt Description				
Full Name				
House# Stre	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House # Stre	et Address			
City :	de la constant de la	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				CONTROL
Full Name				
House # Stre	et Address			
City		State	Zip Code	Date [MM/DD/YYYY] 5
Receipt Description			D. 1. D. 1	E37055575
Full Name				
	et Address			
City		State	Zip. Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House # Stre	et Address			
City		State:	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				I HOROCOL

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Filer (dentification Number;			
1 I INITEMIZED IN-KIND CONT	IRIBUTIONS RECEIVED VALUE OF \$50	0.007	AD LESS DER CANTRIBLITAR
TOTAL for the reporting period	(1)	l s l	161.51
2. IN-KIND CONTRIBUTIONS RE	ECEIVED VALUE OF \$50.01 TO \$250.0	JJ.	74/48
TOTAL for the reporting period	(2)	\$	250.11
3. IN-KIND CONTRIBUTION REC	CEIVED-VALUE OVER \$250.00 (FROM	/ PAR	TG)
TOTAL for the reporting period	(3)	\$	1,027.75
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	s from boxes 1, 2, and 3; also enter	\$	1,471.48

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:				
Full Name of Contributor			Date (VIM/Db/YYYY)	\$
	SEE ATTACHED		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	214 214
House # Street Addre	ss		Date [MM/DD/YYYY]	\$
	315		200	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
		The state of the s	and an analysis of the state of	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addre	SS		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
	97 Apr. 1 (1)	eprese en en en		(25.00) Sign
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addre	ss		Date [MM/DD/YYYY]	\$
		N. V.		
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
All the second to the second second		•		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addre	55 		Date [MM/DD/YYYY]	\$
				# ·
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [VIM/DD/YYYY]	S
contraine of Contributor			Date [NIN]/DO/ 1111	
House # Street Addre	SS		Date [MM/DD/YYYY]	\$
				Sec. 10
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				Appen 1996

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
Full Name of Contributor SEE ATTACHED	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	Description of Contribution
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	Description of Contribution
Full Name of Contributor	Date [MIM/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] \$
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

Statement of Expenditures

Clar Montification Number			
Filer Identification Number:			

To Whom Paid			Date [MM/DD/YYYY] \$
The state of the state of	SEE ATTACHED		
Mouse #	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		position of the special part of the special pa	Date [MM/DD/YYYY] \$
House #	Street Address		Description of Expenditure
City	State	Zip. Code	
To Whom Paid		A company of the state of the company of the	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	And the second s		Date [MM/DD/YYYY] \$
House#	Street Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid		LOUI .	Date [MM/DD/YYYY] 5
House #	Street Address		Description of Expenditure
City	State	Zip	
To Whom Paid		Code	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.				
Name of Creditor				Outstanding Balance of Debt
House # Strei	et Address		E DEBT INCURRED MM/DD/YYYY]	
City		State	Zip	
Description of Debt		117.119	Code	
Name of Creditor				Outstanding Balance of Debt.
House # Stree	et Address	Annual Control of the	E DEBT INCURRED MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt		Particular States and Control of the		Managed I
Name of Creditor	CONSIDERATION OF THE PROPERTY OF THE	Excess to the second		Outstanding Balance of Debt
House # Stree	et Address	0.0000000000000000000000000000000000000	E DEBT INCURRED MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt		Least Accommodation and	1007.000	[BANKARAN]
Name of Creditor House # Street	et Address	E FAT	E DEBT INCURRED	Outstanding Balance of Debt \$
Street Street	et Augress		MM/DD/YYYY]	
City	magazine para di sala della de	State	Zip Code	
Description of Debt				
Name of Creditor House # Stree	ei Address	- DAI	E DEBT INCURRED	Outstanding Balance of Debt
		and the state of t	MM/DD/YYYY]	
City	2 00 00 00 00 00 00 00 00 00 00 00 00 00	State	Zip Code	
Description of Debt				
Name of Creditor House # Street	et Address	DA:	E DEBT INCURRED	Outstanding Balance of Debt
Sue		NGN/03/10000000000000000000000000000000000	MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt			TO THE STATE OF TH	

ART B: All other cont	PART B: All other contributions \$50.01-\$250							-1-111	
Nawrocki, Elizabeth	607 Virginia Ave	Erie	PA	16505	8/26/2021	\$51.83		Pennsylvania Uni Canvasser	sser
Nwachukwu, Martha	2635 Chestnut St Apt 1 Erie	Erie	РА	16508	П	\$51.83		ania Uni Comn	Pennsylvania Uni Community Organizer
Fate, Leroy	1114 W 10th St	Erie	РА	16502	10/4/2021	\$155.08	Retired	Retired	
ART C: Contribution	PART C: Contributions from Political Committees over \$250	littees over \$250				eal grant of a state of the sta	VOLUMENT OF THE PROPERTY OF TH		
Way to Lead PA	2828 N Central Ave Ste 1 Phoenix	1 Phoenix	AZ	85004	10/4/2021	\$500.00			
Friends to Elect Lori Pi 2422 E 26th St	(2422 E 26th St	Erie	РА	16510	7/14/2021	\$554.45			
ART F: In-Kind Con	PART F: In-Kind Contributions \$50.01-\$250			V					
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/10/2021	The section of the se	\$53.18 EveryAction subscription charges EveryAction	scription charges	EveryAction	PO Box 392264 Pittsburgh, PA 15251		90
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	10/5/2021		\$63.44 Staples - printing	0.000	Staples	1924 Keystone Drive Erie, PA 16509		n a no roma navorana popularita romana na ranga
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	7/15/2021		\$133.49 Texting service		GetThru	PO Box 2690 Alameda, CA 94501		
ART G: In-Kind Con	PART G: In-Kind Contributions over \$250				MENNI DALAM DA				Ki Mi Tal Lafa Lafa La La Lafa La La Lafa La La Lafa La La La Lafa La
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	10/18/2021		\$1,027.75 Staff time		PA United	841 California Ave. Pittsburgh, PA 15212		
SCHEDULE III: Expenditures	nditures				METER (10 METER) A COLOR OF THE DESCRIPTION OF THE COLOR				
Date	To Whom Paid	Mailing Address	Description	Amount					THE REPORT OF THE PART OF THE
10/18/2021	10/18/2021 Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206	Erie VBM postcards	\$12.24					
10/18/2021	10/18/2021 Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206 Erie VBM postcards	Erie VBM postcards	\$229.39					
10/18/2021	10/18/2021 Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206	PO Box 5288 Plitsburgh, PA 15206 Erie VBM postcards pos						



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 ERIE COUNTY

OCT 22 2021

VOTER REGISTRATION

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 Juesday 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

Date (DD/MM/YYYY)

Leatra Tate

Printed Name

Location (City/State/Country)