

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)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends to Elect Leatra 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 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 checked="" type="checkbox"/>	<input 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"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06/07/2021	10/18/2021	<p>ERIE COUNTY</p> <p>OCT 22 2021</p> <p>VOTER REGISTRATION</p>
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	
D. Total Expenditures (From Schedule II)	\$	386.02	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1,191.32	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1,471.48	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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

Elizabeth C Nawrocki

Printed Name

814 528-1726
Area Code 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

Leatra Tate

Printed Name

814 746-1472
Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		
1. Unitemized 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)		\$ 0
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)	\$ 0
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>		\$ 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.

Filer Identification Number																													
										Amount																			
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]										\$	
																												\$	
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.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
SEE ATTACHED							
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]	\$
Full Name of Contributor					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

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

Filer Identification Number:	
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Full Name of Contributing Committee	SEE ATTACHED				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]	\$	
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 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:	
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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					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									

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:

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

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 Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	<div style="display: flex; align-items: center;"> \$ <div style="border-left: 1px solid black; padding-left: 10px;">161.51</div> </div>

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	<div style="display: flex; align-items: center;"> \$ <div style="border-left: 1px solid black; padding-left: 10px;">250.11</div> </div>

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	<div style="display: flex; align-items: center;"> \$ <div style="border-left: 1px solid black; padding-left: 10px;">1,027.75</div> </div>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		<div style="display: flex; align-items: center;"> \$ <div style="border-left: 1px solid black; padding-left: 10px;">1,471.48</div> </div>
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
SEE ATTACHED								
House #	Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$
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]	\$
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]	\$
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]	\$
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]	\$
Description of Contribution								

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
SEE ATTACHED								
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		
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 [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		

SCHEDULE III
Statement of Expenditures

Filer Identification Number: _____

To Whom Paid		SEE ATTACHED			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			
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:	
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Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code				
Description of Debt							

PART B: All other contributions \$50.01-\$250									
Nawrocki, Elizabeth	607 Virginia Ave	Erie	PA	16505	8/26/2021	\$51.83		Pennsylvania Uni	Canvasser
Nwachukwu, Martha	2635 Chestnut St Apt 1	Erie	PA	16508	10/18/2021	\$51.83		Pennsylvania Uni	Community Organizer
Tate, Leroy	1114 W 10th St	Erie	PA	16502	10/4/2021	\$155.08		Retired	Retired
PART C: Contributions from Political Committees over \$250									
Way to Lead PA	2828 N Central Ave Ste 1	Phoenix	AZ	85004	10/4/2021	\$500.00			
Friends to Elect Lori Pili	2422 E 26th St	Erie	PA	16510	7/14/2021	\$554.45			
PART F: In-Kind Contributions \$50.01-\$250									
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/10/2021		\$53.18	EveryAction subscription charges	EveryAction	PO Box 392284 Pittsburgh, PA 15251		
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	10/5/2021		\$63.44	Staples - printing	Staples	1924 Keystone Drive Erie, PA 16509		
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	7/15/2021		\$133.49	Texting service	GetThru	PO Box 2690 Alameda, CA 94501		
PART G: In-Kind Contributions over \$250									
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									
Date	To Whom Paid	Mailing Address	Description	Amount					
10/18/2021	Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206	Erie VBM postcards	\$12.24					
10/18/2021	Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206	Erie VBM postcards	\$229.39					
10/18/2021	Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206	Erie VBM postcards pos	\$144.39					



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				
<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 checked="" type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input 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

Elizabeth C. Nawrocki

Printed Name

10/20/2021

Date (DD/MM/YYYY)

City of Erie

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

21/10/2021

Date (DD/MM/YYYY)

Leatra Tate

Printed Name

Erie PA USA

Location (City/State/Country)