



Reset Form

Print Form

## 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	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Marilyn Pol							
Street Address	414 Sanford Place							
City	Erie	State	PA	Zip Code	16511			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/20	Year	2025		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/11/25	05/05/25	
A. Amount Brought Forward From Last Report	\$	0	<div>2025 MAY 15 AM 10:54 ERIE COUNTY VOTER REGISTRATION</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
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 and exhibits, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

15 day of May 20 25

Signature  
Lauren E. Thayer  
My Commission expires 12-20-2028  
MO. DAY YR.

Commonwealth of Pennsylvania - Notary Public  
Lauren E. Thayer, Notary Public  
Erie County  
My commission expires December 20, 2028  
Commission number 1455465

Signature of Person Submitting report  
Marilyn Pol  
Printed Name  
449-1762  
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  
Printed Name

Area Code  
Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	
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<b>1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$ 250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period	(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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.

<b>Filer Identification Number</b>																			
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												Amount			
<b>Full Name of Contributing Committee</b>								<b>Date [MM/DD/YYYY]</b>				\$			
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>				\$			
<b>City</b>				<b>State</b>				<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>Full Name of Contributing Committee</b>								<b>Date [MM/DD/YYYY]</b>				\$			
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>				\$			
<b>City</b>				<b>State</b>				<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>Full Name of Contributing Committee</b>								<b>Date [MM/DD/YYYY]</b>				\$			
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>				\$			
<b>City</b>				<b>State</b>				<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>Full Name of Contributing Committee</b>								<b>Date [MM/DD/YYYY]</b>				\$			
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>				\$			
<b>City</b>				<b>State</b>				<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>Full Name of Contributing Committee</b>								<b>Date [MM/DD/YYYY]</b>				\$			
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>				\$			
<b>City</b>				<b>State</b>				<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>Full Name of Contributing Committee</b>								<b>Date [MM/DD/YYYY]</b>				\$			
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>				\$			
<b>City</b>				<b>State</b>				<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		\$	

**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.)

<b>Filer Identification Number:</b>									
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>

  

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>

  

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>

  

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>

  

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>

  

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>

**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: <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px; vertical-align: middle;"></span>									
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Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House # <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> Street Address <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>					Date [MM/DD/YYYY]		\$	
City <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Zip Code <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>					Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House # <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> Street Address <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>					Date [MM/DD/YYYY]		\$	
City <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Zip Code <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>					Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House # <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> Street Address <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>					Date [MM/DD/YYYY]		\$	
City <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Zip Code <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>					Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House # <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> Street Address <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>					Date [MM/DD/YYYY]		\$	
City <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Zip Code <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>					Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House # <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> Street Address <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>					Date [MM/DD/YYYY]		\$	
City <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Zip Code <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>					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, 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 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 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 RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period

(1)

\$

**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period

(2)

\$

**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period

(3)

\$

**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)**

\$



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]		\$	
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]		\$	
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:

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

**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.

<b>Filer Identification Number:</b>	
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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							