

# 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		Maurice Mo Troop					
Street Address		2109 June Street					
City	Erie	State	PA	Zip Code	16510		

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)		05/20/2025	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
	03/31/25	05/05/25	
A. Amount Brought Forward From Last Report	\$	0	
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)	\$	525.00	
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 1- 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 of paper, to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

14 day of May 20 25  
 Lauren E Thayer  
 Signature

My Commission expires 12-20-2028  
 MO. DAY YR.

Maurice Mo Troop  
 Signature of Person Submitting report

Printed Name  
 602-5375  
 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

Filer Identification Number

**1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor**

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																			
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												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]	\$	
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]	\$
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				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code		Date [MM/DD/YYYY]	S
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code		Date [MM/DD/YYYY]	S
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code		Date [MM/DD/YYYY]	S
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code		Date [MM/DD/YYYY]	S
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code		Date [MM/DD/YYYY]	S
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code		Date [MM/DD/YYYY]	S

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]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	S
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]

S

Receipt Description

Full Name

House #

Street Address

City

State

Zip  
Code

Date [MM/DD/YYYY]

S

Receipt Description

Full Name

House #

Street Address

City

State

Zip  
Code

Date [MM/DD/YYYY]

S

Receipt Description

Full Name

House #

Street Address

City

State

Zip  
Code

Date [MM/DD/YYYY]

S

Receipt Description

Full Name

House #

Street Address

City

State

Zip  
Code

Date [MM/DD/YYYY]

S

Receipt Description

Full Name

House #

Street Address

City

State

Zip  
Code

Date [MM/DD/YYYY]

S

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

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		S		
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		S		
<b>City</b>	<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>		S	
<b>Employer Name</b>				<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>				
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		S		
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		S		
<b>City</b>	<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>		S	
<b>Employer Name</b>				<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>				
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		S		
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		S		
<b>City</b>	<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>		S	
<b>Employer Name</b>				<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>				
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		S		
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		S		
<b>City</b>	<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>		S	
<b>Employer Name</b>				<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>				

SCHEDULE III  
Statement of Expenditures

Filer Identification Number	
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To Whom Paid				Committee to Elect Maurice Mo Troel		Date [MM/DD/YYYY]		03/31/2025		\$ 400.00	
House #		2109		Street Address		June Street		Description of Expenditure			
City		Erie		State		PA		Zip Code		16510	
Donated money for signs											
To Whom Paid				Committee to Elect Maurice Mo Troel		Date [MM/DD/YYYY]		04/07/2025		\$ 125.00	
House #		2109		Street Address		June Street		Description of Expenditure			
City		Erie		State		PA		Zip Code		16510	
Money for signs											
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.

<b>File 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</b> [MM/DD/YYYY]		<b>\$</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</b> [MM/DD/YYYY]		<b>\$</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</b> [MM/DD/YYYY]		<b>\$</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</b> [MM/DD/YYYY]		<b>\$</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</b> [MM/DD/YYYY]		<b>\$</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</b> [MM/DD/YYYY]		<b>\$</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>			
<b>Description of Debt</b>						