

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number 20220540	Report Filed B (Mark X)	y Candida	ite	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	WTF PAC					
Street Address	4377 Cooper R	d				
City Erie		State	PA	Zip Code	16510	
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	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
Date Of Election (MM/DD/YYYY) 11/05/2024	Year	2024	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures 11/26/2024		31/2024		Fòr	Office Use Only	
A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts	16	5,107.98				
(From Schedule I) C. Total Funds Available	- 2 - s	200.00			S	2025
(Sum of Lines A and B) D. Total Expenditures	S	,308.98 258.78				2 025 FEB
(From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C)	\$ 16	i,059.20			40 2.25	င်
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00				
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	<u> </u>			
Part 1- If this is a Committee report, treasurer sign he	ere If this is a Can	Affidavit Sed didate report ica				
I swear (or affirm) that this report, including the attac				ge and belief tr	ue, correct and complet	te.
Sworn to and subscribed before me this			Α.	11		
day of20	- '1		tu Au	JEL .		<u></u>
	<u> </u>		Signature o	of Person Subm	itting report	
Signature	· []			Printed Name		_
My Commission expires	-		814		13-4663	
MO. DAY YR.		А	rea Code	Day	time Telephone Numbe	er I
Part II- If this is a report of a Candidate's Authorized of swear (or affirm) that to the best of my knowledge a				provisions of t	ne Act of June 3, 1937 (P.L. 1333, NO.320) as
amended.						
Sworn to and subscribed before me this						
day of20	- '		Sign	ature of Candid	ate	
Signature	- .	_	-	Printed Name		_
Signature	, 1		'	rinicu Waine		
My Commission expires MO. DAY YR.	_	A	rea Code	Dayti	me Telephone Number	_

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

	20220540	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	720	The second secon
Total for the reporting period (1)	\$	Street Annual Control of the Control
total for the reporting period (12)	,	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		For the property of the proper
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	200.00
Total for the reporting period (2)	\$	200.00
3. Contributions Over \$250.00 (From Part C and Part D)		Agentines of the control of the cont
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
Total for the reporting period (3)	\$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	2 w - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Total for the reporting period (4)	\$	0.00
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)	\$	200,00

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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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.)

man and a second a		
Filer Identification Number:	20220540	

Full Name of Contributor			Date MM/DD/YYYY]	\$	
Denise Lorei			Calledge		100.00
			12/19/2024		700100
House # Street Address			Date [MM/DD/YYYY]	\$	
	vada Dr				
City Erie	State PA	Zip Code 16505	Date [MM/DD/YYYY]	\$	
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
Elisabeth Joyc	e		12/24/2024		100.00
House # Street Address			Date [MM/DD/YYYY]	\$	
12420 Tre	eaty Court				
City Edinboro	State PA	Zip Code 4412	Date [MM/DD/YYYY]	\$	
Edilibolo	r A	10412			
Full Name of Contributor			Date [MM/DD/YYYY]	\$	··
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
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Full Name of Contributor		"	Date [MM/DD/YYYY]	\$	
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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]	\$	
				W. W.	
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:

Full Name of

House #

City

Contributing Committee

Street Address

State

Zip Code

20220540	
Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YXYY] \$
	The state of the s
Full Name of	Date [MM/DD/YYYY] \$
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House # Street Address	Date [MM/DD/YYYY] \$
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Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	
House # Street Address	Date [MM/DD/YYYY]\$
City State Zip Code	Date [MM/DD/YYYY] \$
	error
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House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
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	And the second s
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City State Zip Code	Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

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: 202	220540		-	
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Full Name of Contributor	Date [MM/DD/YYYY] \$
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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.

		20220540				
Full Name	1					
House #	Stre	et Address				
Gity			State	Zip - Code	Date [MM/DD/YYYY] S	
Receipt Description					Profession of the Control of the Con	obodolis organica galantina ga
				<u>-</u>		
Full Name						
House #	Stree	et Address				
City			State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description		 		"Submitted for the state of the		
Full Name						
House #	Stree	et Address				
City	The second secon	All Market Park Visit Control of the	State	Zip Code	Date [MM/DD/YYYY] \$	William Control of the Control of th
Receipt Description				Account of the second of the s	jaker.	<u> </u>
Full Name						
House #	Stree	et Address				
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Full Name	2000-00					
House #	Stree	et Address				
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City.		4	State	Zip Code	Date [MM/DD/YYYY] \$	in the second se
Receipt Description				and the second s	,	

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: 20:	220540		
1. JUNITEMIZED IN-KINDICC	NTRIBUTIONS RECEIVED-VALUE OF \$	50,00.0	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0.00
2. IN-KIND CONTRIBUTION	S RECEIVED-VALUE OF \$50.01 TO \$250),00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	0.00
3. IN-KIND CONTRIBUTION	RECEIVED-VALUE OVER \$250.00 (FRO	M PAR	RFG) C
TOTAL for the reporting period	(3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIE	BUTIONS DURING THIS REPORTING tals from boxes 1, 2, and 3; also enter	\$	
on Page 1, Report Cover Page, Iten			0.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Number: 20220540	
E Filer Identification Number	
20220540	
20220070	

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Full Name of Contribu	utor			Date [MM/DD/YYYY]	
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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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Full Name of Contributor		Date [MM/DD/YYYY] \$
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City	Zip Gode	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business ()	10 Hz	of Contribution
Full Name of Contributor	50 51 51 52 52 52 53	Date [MM/DD/YYYY] \$
		Section of Assault Exercise o
House # Street Address		Date [MM/DD/YYYY] \$
		The state of the s
City	Zip Code	Date [MM/DD/YYYY] \$
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Employer Name		Occupation:
Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address	er Er	Date [MM/DD/YYYY] \$
		William Co. Co.
City State	Zip Code	Date [MM/DD/YYYY] \$
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City State Employer Name		Date [MM/DD/YYYY] \$ Occupation
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Employer Name Employer Mailing Address / Principal Place of Business		Occupation Description of Contribution Date [MM/DD/YYYY] \$
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Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor		Occupation Description of Contribution Date [MM/DD/YYYY] \$
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Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City State Employer Name	Zip Code	Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City State	Zip Coole	Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

SCHEDULE III Statement of Expenditures

The second secon	 	
Filer Identification Number:		
Filer identification Number:		
The state of the s		
20220540		
20220340		
7-14-1-1 - 1-14-1-1 -		

To Whom Paid						Date [MM/L)D/YYYY]	\$	
	Janet Peters					12/10/2	2024		125.00
House # 4620	Street Address	Harborview D)r			Description	of Expendi	ture	
City Erie		State	PA	Zip Code	16508	Typeform invo	ice - market	ting e	xpense
To Whom Paid	LEAF Arboretum					Date [MM/D	Alana and a same and a	\$	110.00
House # 1501	Street Address	West 6th St				Description (of Expendit	ure	
City Erie		State	PA	Zip Code	16505	Event Rental			
To Whom Paid	Mailchimp					Date [MM/D 12.20/2		\$	13.78
House #	Street Address	online	· · ·			Description of	of Expendit	ure	
City		State		Zip Code		marketing			
To Whom Paid						Date [MM/D	D/YYYY]	\$	
House #	Street Address	Bio Control				Description	of Expendit	ure	
City		State		Zip Code					
To Whom Paid						Date MM/D	D/YYYY]	\$	
House #	Street Address					Date [MM/D			
	Street Address	State		Zip Code		Description o	if Expendit		
House #	Street Address	State					if Expendit		
House # City To Whom Paid House #	Street Address Street Address	State				Description o	of Expendit	ure S	
House # City To Whom Paid House # City		State				Description of Date [MM/D	of Expenditi D/YYYY] of Expenditi	ure vie	
House # City To Whom Paid House #		The second of th		Code		Description of Date [MM/D] Description of Date [MM/D]	of Expendit	ure ure	
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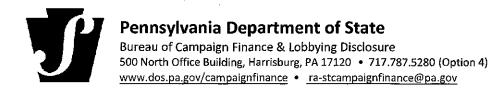
SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

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Name of Creditor House # City Description of Debt Name of Creditor	Street Address DATE DEBT INCURRE [MM/DD/YYYY] State Zip Code DATE DEBT INCURRE	Outstanding Balance of Debt



Name of Filing Committee, Candidate, or Lobbyist

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.

		WTF PAC			
Reporting Cycle	· Name				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5
6 th Tuesday	2 nd Friday	30 Day	•		2 nd Friday
Pre-Primary	Pre-Primary	Post Primary			Pre-Election
				1	
☐ Cycle 6	Cycle 7	☐ Cycle 8		□ Су	cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	l Election	30 Day Po	ost-Special Election
this form is submit is submitted with a I declare under pe	a report by a cont	ributing lobbyist,	the lobb	yist must s	ign here.
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Signature of Trea	asurer, Candidate	, or Lobbyist	D	ate (MM/D	DD/YYYY) g
Janet M P	eters		Erie	/PA/U	S
P	rinted Name		Locat	ion (City/S	State/Country)