Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	922677339	**Report Filed By (Mark X)**	**Candidate**		**Committee**	X	**Lobbyist**
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Wade Root						
Street Address	5109 Watson Road						
City	Erie	**State**	PA	**Zip Code**	16505		

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
						X		

Date Of Election (MM/DD/YYYY)	11/07/2023	Year	2023	Amendment Report		Termination Report	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2024	012/31/2024	

A. Amount Brought Forward From Last Report	$	1621.21
B. Total Monetary Contributions and Receipts (From Schedule I)	$	1068.00
C. Total Funds Available (Sum of Lines A and B)	$	2689.21
D. Total Expenditures (From Schedule III)	$	2530.00
E. Ending Cash Balance (Subtract Line D from Line C)	$	159.21
F. Value of In-Kind Contributions Received (From Schedule II)	$	0
G. Unpaid Debts and Obligations (From Schedule IV)	$	0

2025 FEB -5 AM 11: 18
ERIE COUNTY VOTER REGISTRATION

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 page ___ is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 5 day of February 20 25

Lauren E Thayer
Signature

My Commission expires 12-20-2025 MO. DAY YR.

Commonwealth of Pennsylvania - Notarial Seal
Lauren E. Thayer, Notary Public
Erie County
My commission expires December 20, 2028
Commission number 1455865
Member, Pennsylvania Association of Notaries

Mary E Schaaf
Signature of Person Submitting Report

Mary E. Schaaf
Printed Name

814 7461049
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 5 day of February 20 25

Lauren E Thayer
Signature

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

Commonwealth of Pennsylvania - Notarial Seal
Lauren E. Thayer, Notary Public
Erie County
My commission expires December 20, 2028
Commission number 1455865
Member, Pennsylvania Association of Notaries

Signature of Candidate

Wade Root
Printed Name

814 460-5806
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)		$	0
All Other Contributions (Part B)		$	0
Total for the reporting period	(2)	$	0
3. Contributions Over $250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		$	0
All Other Contributions (Part D)		$	1000.00
Total for the reporting period	(3)	$	1000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	$	68.00
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)*		$	1068.00

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:	

Field	Value	Date [MM/DD/YYYY]	$
Full Name of Contributor	Abigail Root	09/25/2024	1000.00
House # / Street Address	1143 West 9th St		
City / State / Zip Code	Erie / PA / 16502		
Employer Name	UPMC	Occupation	Physician Assistant
Employer Mailing Address / Principal Place of Business	201 State St. Erie, PA 16550		

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

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

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

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$	Description of Expenditure
Friends of Dave McCormick		P.O. Box 23537	Pittsburgh	PA	15222	01/24/2024	1000.00	Donation
Crime Victim Center	125	West 18th St	Erie	PA	16501	09/10/2024	500.00	Event
Friends of Dave McCormick		P.O. Box 23537	Pittsburgh	PA	15222	10/03/2024	1000.00	Donation
Erie Bank		P.O. Box 42	Clearfield	PA	16830	12/31/2024	30.00	Fees