



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	86-1982577	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT CHRIS CAMPANELLI							
Street Address	946 W 36TH STREET							
City	ERIE	State	PA	Zip Code	16508			

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/02/2024	Year	2024	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2024	12/31/2024	
A. Amount Brought Forward From Last Report	\$	1,862.35	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	6,069.51	
C. Total Funds Available (Sum of Lines A and B)	\$	7,931.86	
D. Total Expenditures (From Schedule III)	\$	2,142.8	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	5,789.06	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	3,750	

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
GORDON ROBERT IMBODEN

Printed Name

814

Area Code

453-7731

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 the 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

17 day of Jan 20 25

Signature

My Commission expires 12-20-2028

MO. DAY YR.

Signature of Candidate
CHRIS D CAMPANELLI

Printed Name

814

Area Code

434-9573

Daytime Telephone Number

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

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	86-1982577		
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)	\$ 6,069.51
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>		\$	6,069.51

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:	86-1982577
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Full Name	FUNDRAISER							
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 6,069.51	
Receipt Description	FUNDRAISER - CASH RECEIVED							
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 III
Statement of Expenditures

Filer Identification Number:	86-1982577
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To Whom Paid	LEAGUE OF CIVIC ORGANIZATION OF ERIE				Date [MM/DD/YYYY]	\$	500
	08/06/2024						
House #	3417	Street Address	REGIS DR		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16510	FUNDRAISER	
To Whom Paid	MARQUETTE SAVINGS BANK				Date [MM/DD/YYYY]	\$	22.57
	05/06/2024						
House #	920	Street Address	PEACH ST		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	CHECKS	
To Whom Paid	BIROSCAK PRINTING CO				Date [MM/DD/YYYY]	\$	148.4
	07/15/2024						
House #	1919	Street Address	PEACH ST		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	FUNDRAISER	
To Whom Paid	SMITH PROVISION CO				Date [MM/DD/YYYY]	\$	91
	07/29/2024						
House #	1300	Street Address	CRANBERRY ST		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	FUNDRAISER	
To Whom Paid	SAM'S CLUB				Date [MM/DD/YYYY]	\$	352.51
	07/26/2024						
House #	7200	Street Address	PEACH ST		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16509	FUNDRAISER	
To Whom Paid	CALAMARI'S				Date [MM/DD/YYYY]	\$	183
	07/28/2024						
House #	1313	Street Address	HARPER DR		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16505	FUNDRAISER	
To Whom Paid	ERIE BEER CO				Date [MM/DD/YYYY]	\$	335.32
	08/05/2024						
House #	1341	Street Address	LIBERTY ST		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	FUNDRAISER	
To Whom Paid	JOHN BASCO				Date [MM/DD/YYYY]	\$	510
	08/13/2024						
House #	8641	Street Address	MIDDLE RD		Description of Expenditure		
City	LAKE CITY	State	PA	Zip Code	16423	FUNDRAISER	

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		86-1982577					
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Name of Creditor		CHRIS CAMPANELLI				Outstanding Balance of Debt	
House #	946	Street Address	W 36TH STREET		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		ERIE	State	PA	Zip Code	16508	2,500.00
Description of Debt		LOAN					

Name of Creditor		CHRIS CAMPANELLI				Outstanding Balance of Debt	
House #	946	Street Address	W 36TH STREET		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		ERIE	State	PA	Zip Code	16508	250.00
Description of Debt		LOAN					

Name of Creditor		CHRIS CAMPANELLI				Outstanding Balance of Debt	
House #	946	Street Address	W 36TH STREET		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		ERIE	State	PA	Zip Code	16508	1,000.00
Description of Debt		LOAN					

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							



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

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				
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 type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" 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.

Gordon Robert Imboden
Signature of Treasurer, Candidate, or Lobbyist

Gordon Robert Imboden
Printed Name

01/08/2025
Date (DD/MM/YYYY)
mm dd

Erie, PA US
Location (City/State/Country)



Pennsylvania Department of State

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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

CHRIS D. CAMPANELLI

Printed Name

01/17/2025

Date (DD/MM/YYYY)

ERIE, PA. ERIE Co.

Location (City/State/Country)