# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number 20220540	Report Filed By Candida ( Mark X)	tte 💮	Committee	X	Lobbyist		
Name of Filing Committee, Candidate or Lobbyist	WTF PAC						
Street Address	4377 Cooper Rd						
City Erie	State	PA	Zip Code	16510			
Type of Report (Place x under report type)							
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6 <sup>th</sup> Tuesday 5-2 <sup>nd</sup> Friday Pre-Election Pre-Election	6-30 Day Post Election	7-Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election		
	The state of the s						
Date Of Election (MM/DD/YYYY) 11/07/2023	Year 2023	Amendment Report		Termination Report			
Summary of Receipts and From Date	To Date		For	Office Use Only			
Expenditures 10/24/2023	12/31/2023						
A. Amount Brought Forward From Last Repor	7926.78	801838-11 80003 新型工厂 1990 9985 P	erangum ranga tang 18 dibirtari (1. 1934)		e general graph e to the best of the Electronic		
B. Total Monetary Contributions and Receipts (From Schedule I)	500.00			~ 	1-3 2-3		
C. Total Funds Available (Sum of Lines A and B)	8 8426.78				<u> </u>		
D. Total Expenditures (From Schedule III)	514.23		٠		(LE)		
E. Ending Cash Balance (Subtract Line D from Line C)	8282.94			The state of the s	Time Togge		
F. Value of In-Kind Contributions Received (From Schedule II)	0.00			Company Company Services Services	 (.); (.);		
G. Unpaid Debts and Obligations (From Schedule IV)	0.00			. · ·			
	Affidavit Se						
Part 1- If this is a Committee report, treasurer sign h I swear (or affirm) that this report, including the atta				ue, correct and comple	ete.		
Sworn to and subscribed before me this	• #		1				
day of20	- '1 -	Signature	of Person Subm	littisa report	<del></del>		
Signature	_ <b>Ի</b> _	Jane		teo	<del></del>		
-	. 1	SW	_	13-4663			
My Commission expires MO. DAY YR.	<del>-</del>	Area Code	<i>D</i> ay	time Telephone Numb	er		
Part II- If this is a report of a Candidate's Authorized	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 of20	- '1 -	**		J. L.			
	_	Sig	nature of Candid	Jäte			
Signature	.1		Printed Name				
My Commission expires		Area Code	Dayt	lme Telephone Numbe	r		
	·	<u> </u>					

## SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number 20220540		
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20220540		

1. Unitemized Contributions and Receipts-850.00 or Less per Contributor	272	
Total for the reporting period (1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	8	0.00
Total for the reporting period (2)	8	0.00
3. Contributions Over \$ 250.00 (From Part C and Part D)	1 (86) Lista 4	
Contributions Received from Political Committees (Part C)	8	0.00
All Other Contributions (Part D)	8	500.00
Total for the reporting period (3)	8	500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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)	8	500.00

### 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	n Number 20220540	)			
and the second second second second	, yang gang Bang, S. (\$50%)				Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] 3	
House #	Street Address			Date [MM/DD/YYYY] \$	
(CIA)		W. Burney	E de margine de la companya de la co		<del></del>
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	intributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ntributing	10000000	突然冷淡器學习標準	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] 8	<del></del>
City		State	Zip Gode	Date [MM/DD/YYYY] 8	
Full Name of Co	ntelbutina	<b>全体等的</b>		Date [MM/DD/YYYY] 1	
Committee					
House #	Street Address			Date [MM/DD/YYYY] 8	
City	244	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] 8	<u> </u>
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] 8	<del></del>

## 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	n Number: 20220540				
	MAN IN THE STATE OF THE STATE O				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] 3	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
			Zihade	Date Internation 1.	
Full Name of Co	ntrbutor	1 Street Street Street	Personal control of the control of t	Oate [MM/DD/YYYY] 3	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYYY] S	
Full Name of Go	ntributor;			#Date (MM//DD/XYYY) # \$	
House #	Street Address			Date [MM/DD/YYYY] 3	
City		State	Zip Code	Date [MM/DD/YYYY] 1	
Full Name of Co	ntributor	100.00000000000000000000000000000000000	Processes and an analysis and a	Date IMM/DD/YYYYI \$	
House #	Street Address			Date [MM/DD/YYYY/] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 1	
Full Name of Go	miributor.	. Kwasasa a		Date [MM/DD/XXXX]	
House #	Street Address			Date [MM/DD/YYYY]	<del>,</del>
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
		Viait	Zip dode		
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
15-16-10-1				PLANTAL PROPERTY OF THE PROPER	
House #	Street Address			Date [MM/DD/YYYY] 8	
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: 20	0220540			
				-
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] 8	······································
City	State	Zip Code	Date [MM/DD/YYYY] 3	
Full Name of Gontributing Committee			Date [MM/DD/YYYY]	
	Address		Date [MM/DD/YYYY] 3	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 8	
	Address		Date [MM/DD/YYYY] 3	***************************************
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 8	
	Address		Date [MM/DD/YYYY] 8	
City	State	Zip Gode	Date [MM/DD/YYYY] 4	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 3	<del> </del>
activities and activities and	Address		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Committee			Date [MM/DD/YYYY]* 8	
	Address		Date [MM/DD/YYYY] \$	
City :	State	Zip Code	Date [MM/DD/YYYY] 8	

## 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: 20220540	

Full Name of Contributor			Date [MM/DD/YYYY] \$5 500.00	
	athleen Scheppner		11-15-23	
House # Street	Address		Date [MM/DD/YYYY] 8	
	Lake Front			
Cliy Erie	State PA	<b>Zip Gode</b> 16505	Date [MM/DD/YYYY]	
Employer Name	Retired		Occupation Retired	·
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date (MM/DD/YYYY) \$	
House # Street	Address		Date [MM/DD/YYYY] 3	
City	State	Zip Code	Date [MM/DD/YYYY] 1	
Employer Name	I Production of the Control of the C		Occupation	
Employer Mailing Address / Principal Place of Business			A STATE OF THE STA	
Full Name of Contributor			Pate MM/DD/AXXX	
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 3	
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.

Piler Identification Numb	20	0220540			
Full Name	*				
House #	Street	Address			· · · · · · · · · · · · · · · · · · ·
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
House #	Street	l Address	·		
City		**S\$**\$*******************************	State	Zip Gode	Date [MM/DD/YY/Y/] 3
Receipt Description					
Full Name					
	Street	: Address			
City			State	Zip Code	Date [MM/DD/YYYY]
Receipt Description					
Full Name				· · · · · · · · · · · · · · · · · · ·	
House #	Street	Address			
City		on son/paper no (explor)	State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
	Street	Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>			[888]
Full Name					· · · · · · · · · · · · · · · · · · ·
	Street	Address	eo zanos desara		
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Producers office As of	Common control of programmes as con-	

### 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: 20220540			
1. · UNITEMIZED IN:KIND CONTRIBUT	TUNS RECEIVED-VALUE OF \$50	J:00 C	IR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVE	EDAVALUE OF \$50.01 TO \$250	00 (FI	ROM PART F)
TOTAL for the reporting period	(2)	8	0.00
			0.00
3. IN-KIND CONTRIBUTION RECEIVE	D-VALUE OVER \$250.00 (FROM	/ PAR	T( <b>G)</b>
TOTAL for the reporting period	(3)	8	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS	DURING THIS REPORTING	8	
PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)			0.00

### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

			_
Filer Identification Number:			
20220540			
20220370			
\$50.000 (\$6.000 (\$6.000 \$6.000 \$6.000 \$6.000 \$6.000 \$6.000 \$6.000 \$6.000 \$6.000 \$6.000 \$6.000 \$6.000 \$6.000 \$6			

M. THE STATE OF TH	<b>新华学</b> 物			Markada a la aleje avivirio est	26°#260
Full Name of Gontrib	ATOE			Date (MM/DD/YYYY)	<b>( )</b>
House #	Street Address			Date [MM/DD/YYYY]	•
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contri	oution	STATE STATE OF THE	1530.000 Proceedings and Proceedings and Procedings		66 3001
Full Name of Contribu	ılor			Date [MM/DD/YYYY]	
House #	Street Address	**************************************		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contril		100 Value Value V	District State of the State of		<b>本意思</b> .
Full Name of Contribu	itor.			Date MM/DD/YYYY/	
House #	Street Address		**************************************	Date [MM/DD/YYYY]	•
City	PARTIES GOR SERVING STORMAN	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contril					
Full Name of Contribu	itor"			Date (MM//DD/AAAA)	<b>8</b>
House #	Street Address			Date [MM/DD/YYYY]	•
Oity.		State	Zip Code	Date [MM/DD/YYYY]	•
Description of Contrib					
Full Name of Contribu				Dates (MM/DD/AYAY)	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	iution			•	

### SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$ 250

Designation and the second of	 	
Filer Identification Number:		
AND INCOME AND		
120220540		
3.73.42.37.37.47.47.47.47.47.47.47.47.47.47.47.47.47		

Full Name of Contributor		Entre Lui Indonomente de la companya della companya de la companya de la companya della companya della companya della companya de la companya della companya
		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] 8
City	State Zip Code	Date (MM/DD/YYYY) 3
Employer Name		Occupation
Employer Mailing Address / Principal	\$ \$	Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] 8
House # Street Address		Date [MM/DD/YYYY] 3
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	[1547 257 257 257 257 257 257 257 257 257 25	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Keralinan Correct Branch Branch Control	6	State of the state
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] 8
City	State Zip Code	Date [MM/DD/YYYY]
Employer Name	Last Control of the C	Occupation
Employer Mailing Address / Principal Place of Business		Description
Place of Dusiliess		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	Construction of the Cons	Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution

# Statement of Expenditures

Filer Identification Number				

To Whom Paid Friends of Lorraine Dolan					passage and a passage	<b>W/DD/YYYY</b> ] -1-2023	8	250.00	
House #	Duse # 1470 Street Address Taylor Ridge Court						an of Expen	diture	
City	State 7in								
Erie PA Code 16415					Campaign Contribution				
To Whom Paid	Anne Rahner					5. C	<b>M/DD/YYYY)</b> 08/2023	- 3	70.67
<b>House #</b> 315	Street Address We	est 40th St				Descript	on of Expan	diture	
City Erle		State PA		Zip Code	16508	Event sup	•		
To Whom Paid	Mailchimp					Chrysley A. C. Carletter W. M.	<b>W/DD/YYYY]</b> 20/2023		13.78
House #	Street Address					Descript	on of Expend	diture	
City		State		Zip Code					
To Whom Pald	Mailchimp					2-10-21-0-22-0-22-0-2	<b>W/DD/YYYY</b> ] 20 <i>1</i> 2023	- 8	13.78
House #	Street Address					l l	on of Expen	diture	
City	Acceptation of the second seco	State		Zip Gode		### ##################################	ele fra Green en Arrein 1881 in 1990 in		
To Whom Paid	USPS					2011/2020 Holy Wall Co.	W/DD/YYYY 28/2023	8	166.00
House # 1401	Street Address	ite St				11/	model in Auto Angele and Angele Con-	allture	166.00
House # 1401 City Erie	Street Address	ite St <b>State</b> PA		Zlp Code	16501	11/	28/2023 <b>on of Expe</b> nt	S diture	166.00
House # 1401	Street Address	State			16501	Descripti Mailbox R	28/2023 <b>on of Expe</b> nt		166.00
House # 1401 City Erie	Street Address	State			16501	Descripti Mailbox R	28/2023 <b>on of Expen</b> ( ental	<b>8</b>	166.00
House # 1401 City Erie To Whom Paid	Street Address Sta	State			16501	Descripti Mailbox R	28/2023 on of Expeni ental M/DD/YYYY]	<b>8</b>	166.00
House # 1401 City Erie To Whom Paid House # City	Street Address Sta	State PA		Code Zip	16501	Descripti Mailbox R Date [M]	28/2023 on of Expeni ental M/DD/YYYY]	\$ diture	166.00
House # 1401  City Erie  To Whom Paid  City  City  House # 1401	Street Address Sta	State PA		Zip Code	16501	Descripti  Mailbox R  Date [Mi	28/2023 on of Expeni ental M/DD/YYYY) on of Expeni	diture	166.00
House # 1401 City Erie To Whom Paid  House # City City City City City	Street Address Sta	State PA		Code Zip	16501	Descripti  Mailbox R  Date [M]  Descripti  Date [M]	28/2023 on of Expendental M/DD/YYYY) on of Expendental M/DD/YYYY) on of Expendental	diture 8	166.00
House # 1401  City Erie  To Whom Paid  City  City  House # 1401	Street Address Sta	State PA		Zip Code	16501	Descripti  Mailbox R  Date [M]  Descripti  Date [M]	28/2023 on of Expendental M/DD/YYYY] on of Expendental	diture 8	166.00
House # 1401 City Erie To Whom Paid  House # City City City City City	Street Address Sta	State PA		Zip Code	16501	Descripti  Mailbox R  Date [M]  Descripti  Date [M]  Descripti	28/2023 on of Expendental M/DD/YYYY) on of Expendental M/DD/YYYY) on of Expendental	diture.	166.00

### SCHEDULE IV **Statement of Unpaid Debts**

		itemize all unpaid debts and obligations which	are outstanding at the e	nd of the reporting period.
Filer Identification Num	nber:	20220540	•	
	1			
Name of Creditor	1917			Outstanding Balance of Debt
House #	Stre	Address	DATE DEBT INCURRED	*
			[MM/DD/YYYY]	
City		State	ZID	
Description of Debt			Code	
Name of Creditor				EN THE WOODS TOWNS THE PROPERTY IN THE PROPERTY IN
House #	100 mg		DATE DEBT INCURRED	Outstanding Balance of Debt
riuse +	Stre	Address	[MM/DD/YYYY]	
City		State	<b>24</b> 0	
Description of Debt		S 777 6	Code	
Description of Deol				
Name of Greditor				Outstanding Balance of Debt
House #	Stre	Address	DATE DEBT INCURRED	8
			[MM/DD/YYYY]	
City		State	Zip	
Description of Debt			Code	
Name of Greditor				Outstanding Balance of Debt
House #	Riva	Address	DATE DEBT INCURRED	8
			[MM/DD/YYYY]	
City	<u> </u>	State	Zip	
Description of Debt			Code	M.
Name of Creditor				Outstanding Balance of Debt
House #	Stre	Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	サール (2008)	State	Zip Code	
Description of Debt		Parting treatment of	Sections with the section of the sec	
Name of Greditor				Outstanding Balance of Debt
House #	Stre	Address	DATE DEBISINGURRED	8
			[MM/DD/YYYY]	
City		State	<b>74</b> 0	
Description of Debt			Code	
Post thurs at Dent				



Janet M Peters

**Printed Name** 

## 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.

by Italia Where a sig	gnature is required.				
Name of Filing	Committee, Can	didate, or Lobby	ist		
Reporting Cycle	Name		Walio de la companya		
☐ Cycle 1 6 <sup>th</sup> Tuesday	☐ <b>Cycle 2</b> 2 <sup>nd</sup> Friday	☐ Cycle 3 30 Day		Cycle 4 uesday	Cycle 5
Pre-Primary	Pre-Primary	Post Primary		Election	2 <sup>nd</sup> Friday Pre-Election
☐ Cycle 6  30 Day Post-Election	Cycle 7  Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Specia	l Election	-	cle 9 st-Special Election
this form is submit	n is submitted with tted with a Candid a report by a cont	ate report, the cal	ndidate i	must sign h	ere. If this report
	enalty of perjury u nying Campaign F		true and	correct.	·
teedu	· / //		01-2	9-202	4
Signature of Trea	asurer, Candidate,	or Lobbyist	Di	ate (MM/D	D/YYYY)

Erie/PA/US

Location (City/State/Country)