

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
Name of Filing Committee, Candidate or Lobbyist		MARK ALEKS ALEKSANDROWICZ			
Street Address		4133 DANISON AVE			
City		State	Zip Code		
ERIE		PA	16504		
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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		
5/20/25		2025	<input type="checkbox"/>		
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only	
		1-1-2025	3-31-2025		
A. Amount Brought Forward From Last Report		\$	0		
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	1476.36		
C. Total Funds Available (Sum of Lines A and B)		\$	1476.36		
D. Total Expenditures (From Schedule III)		\$	1476.36		
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		

2025 APR 28 PM 12:24
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 paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

10th day of Apr. 20 25

Brian D. Aleksandrowicz, Notary Public
Erie County

My Commission expires April 27, 2026

Commission number T001340

Member, Pennsylvania Association of Notaries

Signature of Person Submitting Report
MARK ALEKS ALEKSANDROWICZ

Printed Name

814
Area Code

464-8879
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

ERIE COUNTY
VOTER REGISTRATION

Area Code

Daytime Telephone Number

2025 APR 25 AM 10:02

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)	\$
			1426.36
			1426.36
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)		\$	1476.36

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]	\$	
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:									
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]	\$			
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 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]		\$
MARK ALEXANDROWICZ					3-31-7075		147636
House #	Street Address		Date [MM/DD/YYYY]		\$		
4133	DAVISON AVE						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
ERIE	PA.	16504					
Employer Name					Occupation		
ALEKS POWERSPORTS					PARTNER		
Employer Mailing Address / Principal Place of Business							
1501 PENINSULA DR. ERIE							

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							

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							

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.

Filer Identification Number:									
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									
Full Name									
House #	Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
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	
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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)		\$
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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

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]	\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				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]	\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				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]	\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				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]	\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		ERIE COUNTY COURTHOUSE		Date [MM/DD/YYYY]	3/10/25	\$	100.00
House #	Street Address		W. 6TH ST.		Description of Expenditure		
City	ERIE	State	PA.	Zip Code	16501	FILING FEES	

To Whom Paid		GO DADDY		Date [MM/DD/YYYY]	3-31-2025	\$	133.04
House #	Street Address		INTERNET ACCOUNT		Description of Expenditure		
City		State		Zip Code		DOMAIN / WEBSITE	

To Whom Paid		MC CARTY PRINTING		Date [MM/DD/YYYY]	2-13-25	\$	728.49
House #	746	Street Address		E. 7TH		Description of Expenditure	
City	ERIE	State	PA.	Zip Code	16503	PRINTING / MAILING	

To Whom Paid		MC CARTY PRINTING		Date [MM/DD/YYYY]	3-1-2025	\$	201.40
House #	746	Street Address		E. 7TH ST.		Description of Expenditure	
City	ERIE	State	PA.	Zip Code	16503	FLIERS	

To Whom Paid		COPYRIGHT PRINTING		Date [MM/DD/YYYY]	2-14-2025	\$	136.93
House #	7877	Street Address		W. 76TH ST.		Description of Expenditure	
City	ERIE	State	PA.	Zip Code	16506	FLIERS	

To Whom Paid		POLISH FALCONS NEST 610		Date [MM/DD/YYYY]	2-27-2025	\$	126.50
House #	431	Street Address		E. 3RD ST.		Description of Expenditure	
City	ERIE	State	PA.	Zip Code	16507	PIZZA PARTY	

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.

Filer Identification Number:	
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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						

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						