



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		Report Filed By (Mark X)		<input checked="" type="checkbox"/>	Candidate		<input type="checkbox"/>	Committee		<input type="checkbox"/>	Lobbyist		<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Angie Amatangelo											
Street Address		233 West 29th Street											
City		Erie		State		PA		Zip Code		16508			
Type of Report (Place x under report type)													
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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)		05/16/2023		Year		2023		Amendment Report		<input type="checkbox"/>	Termination Report		<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date 11/28/23 01/01/2023		To Date 12/31/2023		For Office Use Only							
A. Amount Brought Forward From Last Report		\$		0.00		2024 FEB - 1 AM 9:26 VOTER REGISTRATION							
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		1225.00									
C. Total Funds Available (Sum of Lines A and B)		\$		325.00									
D. Total Expenditures (From Schedule III)		\$		966.71									
E. Ending Cash Balance (Subtract Line D from Line C)		\$		258.29									
F. Value of In-Kind Contributions Received (From Schedule II)		\$		305.73									
G. Unpaid Debts and Obligations (From Schedule IV)		\$		0.00									
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 schedule, is to the best of my knowledge and belief true, correct and complete.													
Sworn to and subscribed before me this													
2 day of February 20 24													
Signature Sue Sheffield													
My Commission expires 12-02-24 MO. DAY YR.													
Signature of Person Submitting report Angie Amatangelo													
Printed Name													
814 636-7129 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													
day of 20													
Signature													
My Commission expires MO. DAY YR.													
Signature of Candidate													
Printed Name													
Area Code Daytime Telephone Number													

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ 100
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	250
All Other Contributions (Part B)		\$	75
Total for the reporting period		(2)	\$ 325
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	800
Total for the reporting period		(3)	\$ 800
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$ 0
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>		\$	1225

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					WOMEN: THE FUTURE					Date [MM/DD/YYYY]	\$	250.00
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State					Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State					Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State					Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State					Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State					Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State					Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State					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.)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					Jay Brenemen		<b>Date [MM/DD/YYYY]</b>	\$	75.00
<b>House #</b>	4118	<b>Street Address</b>	State Street			<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502	<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		

**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:									
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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)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>		\$ 300.00
Anthony J. Amatangelo								
<b>House #</b>	2811	<b>Street Address</b>		Wellington		<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	<b>Date [MM/DD/YYYY]</b>		
<b>Employer Name</b>		AMATECH				<b>Occupation</b>		Executive Vice President/Owner
<b>Employer Mailing Address / Principal Place of Business</b>		1460 Grimm Drive Erie, PA 16501						
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>		\$ 500
Michael Fraley								
<b>House #</b>	126	<b>Street Address</b>		East 35th Street		<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16504	<b>Date [MM/DD/YYYY]</b>		
<b>Employer Name</b>		Housing Authority of the City of Erie				<b>Occupation</b>		Executive Director
<b>Employer Mailing Address / Principal Place of Business</b>		606 Holland Street Erie, PA 16501						
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>								
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>								

## 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:	
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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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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$ 0

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$ 0

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$ 305.73

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)		\$ 305.73
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**SCHEDULE II**

**PART F**

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Description of Contribution</b>							

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
					2/20/2023			36
<b>House #</b>	523	<b>Street Address</b>	Hastings Street		<b>Date [MM/DD/YYYY]</b>		\$	16.76
					3/10/23			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	7.60
					3/24/23			
<b>Employer Name</b>		PA United PAC			<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>		523 Hastings Street Pittsburgh, PA 15206			<b>Description of Contribution</b>		staff hours	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	126.96
					4/7/2023			
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	118.41
					4/21/2023			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>		PA United PAC			<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>		523 Hastings Street Pittsburgh, PA 15206			<b>Description of Contribution</b>		staff hours	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			

SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		Desantis Signs and Graphics, Inc.				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	484.95
<b>House #</b>	540	<b>Street Address</b>	West 18th Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502	50 yard signs		
<b>To Whom Paid</b>		Engel O'Neill Advertising				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	306.70
<b>House #</b>	2124	<b>Street Address</b>	Sassafras Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	1,000 campaign flyers and printing		
<b>To Whom Paid</b>		Michael's Department Store				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	37.40
<b>House #</b>	2088	<b>Street Address</b>	Interchange Rd.			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16565	10 T-shirts to make campaign T-shirts		
<b>To Whom Paid</b>		Family Dollar				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	15.36
<b>House #</b>	1530	<b>Street Address</b>	W. 26th Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>		water and juice for campaign event		
<b>To Whom Paid</b>		Topsy Bean				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	14.36
<b>House #</b>	2524	<b>Street Address</b>	Peach Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502	meeting with possible donor/supporter		
<b>To Whom Paid</b>		Holy Trinity				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	15.00
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Meet the Candidate Event		
<b>To Whom Paid</b>		Tops				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	45.70
<b>House #</b>	712	<b>Street Address</b>	West 38th Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	food, campaign event		
<b>To Whom Paid</b>		Erie Dems				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	100.00
<b>House #</b>	1305	<b>Street Address</b>	State Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	campaign event/donation		

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.

<b>Filer Identification Number:</b>	
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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							