

# 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	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		YEVET ANDERSON						
Street Address		3930 ESSEX AVENUE						
City	ERIE	State	PA	Zip Code	16504			

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/20/2025	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	02/01/2025	05/05/2025	
A. Amount Brought Forward From Last Report	\$	<del>0</del> 60.00	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">                         2025 MAY - 7 AM 9:02                          ERIE COUNTY                          VOTER REGISTRATION                     </p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<del>0</del> 930.00	
C. Total Funds Available (Sum of Lines A and B)	\$	<del>0</del> 950.00	
D. Total Expenditures (From Schedule III)	\$	<del>0</del> 650.53	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<del>0</del> 337.47	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

## 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, is true, correct and complete.

Sworn to and subscribed before me this

7 day of May 20 25  
 Signature: Lauren E Thayer

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

Signature of Person Submitting report: Yevet Anderson  
 Printed Name: Yevet Anderson

Area Code: 814 Daytime Telephone Number: 450-7008

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate 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)	\$	430.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	
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>		\$	430.00

## 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 Number																					
										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]		\$	

## 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:

Full Name of Contributor		FRANK JUHASZ		Date [MM/DD/YYYY]	03/21/2025	\$	250.00
House #	628	Street Address	E. 6TH STREET	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16507	Date [MM/DD/YYYY]	\$
Full Name of Contributor		ERZSI JUHASZ		Date [MM/DD/YYYY]	03/21/2025	\$	250.00
House #	326	Street Address	E. 6TH STREET	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16507	Date [MM/DD/YYYY]	\$
Full Name of Contributor		ANTHONY FATICA		Date [MM/DD/YYYY]	04/17/2025	\$	100.00
House #	4521	Street Address	CROSSWINDS DRIVE	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16506	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	
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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)

Filer Identification Number:

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

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:	
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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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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**

<b>Filer Identification Number:</b>	
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<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>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>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>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>Description of Contribution</b>									

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**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		DONNA REESE			<b>Date [MM/DD/YYYY]</b>	\$	341.82
<b>House #</b>	2578	<b>Street Address</b>	W. 24TH STREET		<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16506	REIMBURSE SIGNS & RACK CARDS	
<b>To Whom Paid</b>		TINA HIOTIS			<b>Date [MM/DD/YYYY]</b>	\$	20.00
<b>House #</b>		<b>Street Address</b>	P.O. BOX 81		<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16512	REIMBURSE STAPLES BANNER	
<b>To Whom Paid</b>		ERIE COUNTY REPUBLICAN WOMEN			<b>Date [MM/DD/YYYY]</b>	\$	30.00
<b>House #</b>	1600	<b>Street Address</b>	PENINSULA DRIVE		<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16506	CANDIDATE LUNCHEON	
<b>To Whom Paid</b>		SPEED CHECK			<b>Date [MM/DD/YYYY]</b>	\$	40.02
<b>House #</b>	563	<b>Street Address</b>	W. 26TH STREET		<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16507	FUEL FOR CAMPAIGNING	
<b>To Whom Paid</b>		WALMART			<b>Date [MM/DD/YYYY]</b>	\$	17.22
<b>House #</b>	2711	<b>Street Address</b>	ELM STREET		<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16504	COPY PAPER	
<b>To Whom Paid</b>		CUSTOM WORLD			<b>Date [MM/DD/YYYY]</b>	\$	60.00
<b>House #</b>	1700	<b>Street Address</b>	MILLCREEK MALL		<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16509	T-SHIRTS	
<b>To Whom Paid</b>		WALMART			<b>Date [MM/DD/YYYY]</b>	\$	33.56
<b>House #</b>	2711	<b>Street Address</b>	ELM STREET		<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16504	COPY PAPER	
<b>To Whom Paid</b>		MICHAELS			<b>Date [MM/DD/YYYY]</b>	\$	6.98
<b>House #</b>	2088	<b>Street Address</b>	INTERCHANGE ROAD		<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16506	T-SHIRTS	

**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						