



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)	<input type="checkbox"/>	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)			Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2023	12/31/2023	
A. Amount Brought Forward From Last Report	\$	1,773.85	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	93.5	
C. Total Funds Available (Sum of Lines A and B)	\$	1,867.35	
D. Total Expenditures (From Schedule III)	\$	5	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1,862.35	
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 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
CHRIS D CAMPANELLI

Printed Name

814

Area Code

434-9573

Daytime Telephone Number

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)	\$	93.5
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>		\$	93.5

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	CHARTER COMMUNICATIONS								
House #	12405	Street Address	POWERSCOURT DRIVE						
City	ST LOUIS	State	MO	Zip Code	63131	Date [MM/DD/YYYY]	06/06/2023	\$	93.5
Receipt Description	UNUSED ADVERTISING								
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: MARQUETTE SAVINGS BANK				Date [MM/DD/YYYY]: 02/28/2023		\$ 5	
House #: 920		Street Address: PEACH STREET		Description of Expenditure:			
City: ERIE		State: PA		Zip Code: 16501		BANK FEE	
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:			
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:			
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:			
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	86-1982577
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Name of Creditor						Outstanding Balance of Debt	
CHRIS CAMPANELLI							
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
946	W 36TH STREET	05/10/2021					
City	State	PA	Zip Code	16508		2,500.00	
ERIE							
Description of Debt							
LOAN							

Name of Creditor						Outstanding Balance of Debt	
CHRIS CAMPANELLI							
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
946	W 36TH STREET	05/19/2021					
City	State	PA	Zip Code	16508		250.00	
ERIE							
Description of Debt							
LOAN							

Name of Creditor						Outstanding Balance of Debt	
CHRIS CAMPANELLI							
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
946	W 36TH STREET	10/22/2021					
City	State	PA	Zip Code	16508		1,000.00	
ERIE							
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

2024 JAN 18 AM 3: 15

ERIE COUNTY
VOTER REGISTRATION

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

01/10/2024
Date (DD/MM/YYYY)

Gordon Robert Imboden
Printed Name

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

01/16/2024

Date (DD/MM/YYYY)

ELKS, PA. ELKS

Location (City/State/Country)

2024 JAN 18 AM 3:15
ELECTIONS
VOTER REGISTRATION