

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	86-198	32577	Repoi ( Mar	rt Filed B k X)	VEALUE OF STREET	Candida	ite		Committe	ee	X	Lobbyist	Added (
Name of Filing Communication C	nittee, Candic	late or	сомм	ITTEE TO E	LECT CI	HRIS CAN	/PANELLI						
Street Address			946 W	36TH STRE	ET								
City	ERIE					State	PA		Zip Code	16508			
Type of Report (Place	e x under repo	ort type)											
1-6 <sup>th</sup> Tuesday 2-2 Pre-Primary Pre-		The state of the s	812Tel: 133500000000000000000000000000000000000	uesday ection	ACMOUNTAINED SOUTH AND	Friday lection	S FRINKS - MARKETON CO.	" Now - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	7- Annua	l Special Pre-Ele	2 <sup>nd</sup> Friday ction	Special 3 Post-Elec	
						1				57 1997 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The second secon	17.525
Date Of Election			Year				Amendr	nent		Termin	ation		]
(MM/DD/YYYY)				4	20	023	Report	nent 7		Report			
Summary of Receipt	s and Fr	om Date	MIN PS	To Date	navez Partico	- 4	70		i di	or Office Us	e Only		IN THE TOTAL THE STREET OF THE
Expenditures		01/01/2023		12/	/31/202	.3		100		The second secon			
A. Amount Brought	Forward From	Last Report	\$	1	,773.85	5							•
B. Total Monetary Co (From Schedule I)	ontributions a	ind Receipts	\$		93.5						Dog. of P.		
C. Total Funds Availa (Sum of Lines A and	or and the second of the secon		\$	1	,867.35						gardings South of Property		
D. Total Expenditure (From Schedule III)	00 64 · · · · · · · · · · · · · · · · · ·	J.	\$		5	<u>.</u>							
E. Ending Cash Balan (Subtract Line D fron		q = i	\$	1	,862.35						mil.	9	
F. Value of In-Kind C		Received 4	\$		0	•						2000	
(From Schedule II) G. Unpaid Debts and	l Obligations		\$		3,750		-					င့္	
(From Schedule IV)	. 1 <b>5</b> 6.		d de		•	fidavit Se	ection					<del>o</del>	
Part 1- If this is a Comm	ittee report, tr	easurer sign h	ere. If th	is is a <b>Can</b>	didate	report, c	andidate sig	gn here.					
I swear (or affirm) that			ched sch	redules on	paper,	is to the	best of my	knowled	dge and belie	ef true, correc	t and compl	ete.	_
Sworn to and subscribe							D	nden	Rober	A kn k	M		
day of		_20	_			_ _	Si ORDON ROI			ıbmitting rep	ort	<del></del>	
Signa	ature		_			<u> </u>	0110011110		Printed N	lame			
My Commission expires	<b>,</b>			• •		8:	14		4.	53-7731			
, Tarining of the same of t	,	DAY YR.	<b></b> •			_	Area Code			Daytime Tele	phone Num	ber	
Part II- If this is a report	of a <b>Candidate</b>	's Authorized	Commit	ttee, candi	idate sh	all sign h	iere.						
I swear (or affirm) that amended,								lated an	y provisions	of the Act of	June 3, 1937	(P.L. 1333, N	O.320) as
Sworn to and subscribe	ed before me thi	s						V/S	20				
day of		20		. 1			(	1	X _	_			
		_ ,,,	_	,		CI	HRIS D CAN		nature of Ca	ndidate			
Signa	ature		_	ا		<u></u>			Printed Nar				
My Commission expires	*		_			_	14			4-9573			
	MO. DA	AY. YR.					Area Code		C	aytime Telep	hone Numb	er	

### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number 86-1982577		

1.Unitemized Contributions and Receipts-\$50.00	or Less per Contributor		4 person		12 (12 (12 (12 (12 (12 (12 (12 (12 (12 (
	Total for the reporting period	(1)	\$		
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			elipian (1)		
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	Pant D)	a Di			
Contributions Received from Political Committees	s (Part C)	•	\$		
All Other Contributions (Part D)			\$		
1	Total for the reporting period	(3)	\$		
4. Other Receipts-Refunds, Interest Earned, Reti	urned Checks, ETC. (From Part E				direction of the control of the cont
1	Total for the reporting period	(4)	\$	93.5	
Total Monetary Contributions and Receipts during enter amount totals from Boxes 1, 2, 3 and 4; also Cover Page, Item B)		eport	\$	93.5	

#### PART E

# **Other Receipts**

### REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Filer identification Number:

86-1982577

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Full Name	CHARTER COMMUNICATION			
House # 12405	Street Address POWERSCOU	RT DRIVE		
City 1	ST LOUIS	State MO	<b>Zip</b> <b>Code</b> 63131	Date [MM/DD/YYYY] \$ 93.5
Receipt Description	UNUSED ADVERTISING	toppy and the second		
Full Name				
House#	Street Address			
City		-State	Zlp. Code	Date [MM/DD/YYYY] \$
Receipt Description		30-7-star resident accommodate	Populari	
Full Name				
House #	Street Address			
Gly :	73. 73. 74. 75. 77. 77.	State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description		5	<u> </u>	Expressed.
Full Name	313. 313.			
A	Street-Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Promote conclusion and conclusions day;		Homes
Full Name				
House #	Street Address	,		
Gity 1		State	Zip: Code	Date [MM/DD/YYYY] \$
Receipt Description				- James and
Full Name:				· · · · · · · · · · · · · · · · · · ·
House #	Street Address			A. A
Cley 1		State	Zip Code	Date [MM/DD/YXYY] \$
Receipt Description				

# Statement of Expenditures

Filer identification Number: 86-1982577	
10-1982377 10-1982377	
and the second s	

To Whom Paid		D.4.114		Date [MM/DD/XXXX]	
	MARQUETTE SAVINGS			02/28/2023	5
House # 920	Street Address	CH STREET		Description of Expend	iture
City ERIE	e particle a comment of the second	State: // PA	Zip Code 116501	BANK FEE	
To Whom Paid				Pate [MM/DP/YYYY]	
House#	Street Address			Description of Expendi	ture in
City.		State	Zip Code		
To Whom Paid				Date MM/DD/YYYM	\$
House #	Street Address			Description of Expend	ture
City 7		State	Zip Code		
To Whom Paid				Date (MM/DD/YYYY)	
House #	Street Address			Description of Expend	iture 3
City		State :	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	<b>; 5</b>
House #	Street Address			Description of Expend	lture
Gity		State :	Zip Code	The state of the s	
To Whom Pald				Date [MM/DD/YYYM]	\$ 2
House #	Street Address			Description of Expend	lture
City:		State	Zip: 6 code		
To Whom Paid				*Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expend	lture:
City		State	Zip 3		
To Whom Paid				Date [MM/DD/YYYY]	5
House #	Street Address			Description of Expend	liture to the
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.

		86-19825//	recognização de la compansión de la comp	in on property	Santa de la Carta de la Ca		and the state of t
Namero	Greditor :	CHRIS CAMPANELLI	TO STATE OF THE ST	- 1, The	<u>त्रमुक्तीली स्वत्र संस्था हो । स्वत्र विकास स्</u>	-Ou	istanding Balance or Debt
House #	946 <b>St</b> r	eet Address W 36TH STREET			E DEBT INCURRED MM/DD/VYYY)	15	
Girÿ		W 36TH STREET	#C2-4-2		05/10/2021		
	ion of Plabi	ERIE	State	PA	Zip Code 16508		2,500.00
		LOAN	zanka inga 2000 sa alikari.	VAIL TANK		,	
House#	Creditor *	CHRIS CAMPANELLI		S DAT	EDEBUINGURRED	.0u	standing Balance of Debt
	946	W 36TH STREET			VIM/OD/YYYYJ		
City/		ERIE	State	PA	05/19/2021 Zip Gede 16508		250.00
Descripti	on of Debt	LOAN			egge.		
Nameon	ecilion se		general and more and processes	erene <u>n en en en</u>	<u>a Manggolia and assert a single problem as</u>	e over	standing Balance of Debt
House #		CHRIS CAMPANELLI  et Address			DEBTINGURRED	\$	Standing palance of pen
	946	W 36TH STREET			MM/DD/YYYYY] 10/22/2021		
City 4		ERIE	State	PΑ	<b>∠ip</b> Code 16508		1,000.00
Desempli	omorDebt	LOAN					
Name oi			Vistoria de Legis de Persona.	er sommer some		Out	standing Balance of Debt
House is	Stre	et Address			iDEBT (NGURRED) NVI/DD/YYYYY)	5	
City			State	<del></del>	Zip ( )		
शब्दलगृह्यां	anoi Debis				Zip Code L		
Name of	Geditor :		easengeld also sylvey	Francisco	Paragrams which is superson as a superson in the	270	Standing Balances of Debt.
House is		et-Address			POEBFINGUNIFIEFO		starding balance on bent
				Įlv.	im/dd/ayyyi		
City			State	-	Ир Code		
(Descript)	in of Debt		THE PROPERTY OF THE PROPERTY O			<b>医</b> 塞图	
Namedi	ereditor	and the state of the side of the state of th	an en elegador la capación de	ag Produce y Pr	नेक सम्बद्धाः हुन् । अस्ति विशेषकार्यः सुम्या १८ मानुः प्रविदेशः	Out	standing Balance of Debis
House	Stre	et Address			DEBININGURRED	\$	
City							
	on of Debt		State		Zjp Gode		



### **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

# 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 hand where a sig	mature is required.						
Name of Filing (	Committee, Can	didate; or Lobby	ist				
Reporting Cycle	Name					vāzīca (re) (i	
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4		Cycle 5	
6 <sup>th</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	6 <sup>th</sup> Tuesday		2'	<sup>nd</sup> Friday	
Pre-Primary	Pre-Primary	Post Primary	Pre-l	Election	Pre	e-Election	
☐ Cycle 6	☑ Cycle 7	☐ Cycle 8		☐ Cycle 9			
30 Day Post-Election	Annual Report	2 <sup>nd</sup> Friday Pre-Specia			ost-Special Election		
	'		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
this form is submit is submitted with a	<b>Part I -</b> 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 pe that the accompa					or Pe	nnsylvania	
•		•	ti ac ana				
Sorden Robert In both 01/10/2024							
Signature of Trea	asurer, Candidate	, or Lobbyist	C	ate (DD/N	IM/YY	YY)	
Gordon R	obert Imbod	en	•	Erie, fi	4	U5_	
	inted Name		Locat	tion (City/S	tate/0	Country)	



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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

Printed Name

Date (DD/MM/YYYY)

Location (City/State/Country)