



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)	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 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)	5/20/25		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
	01/01/2025	05/05/2025	
A. Amount Brought Forward From Last Report	\$	5,789.06	2025 MAY -9 PM 12:16 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3,009	
C. Total Funds Available (Sum of Lines A and B)	\$	8,798.06	
D. Total Expenditures (From Schedule III)	\$	2,114.93	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	6,683.13	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	3,750	

Affidavit Section

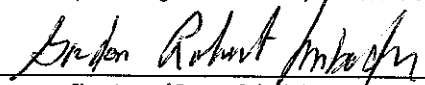
Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

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____

SignatureMy Commission expires _____
MO. DAY YR.



Signature of Person Submitting report
GORDON ROBERT IMBODEN

Printed Name

814 453-7731
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____

SignatureMy Commission expires _____
MO. DAY YR.



Signature of Candidate
CHRIS D CAMPANELLI

Printed Name

814 434-9573
Area Code 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)	\$ 65
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	100
All Other Contributions (Part B)	\$	1,960
Total for the reporting period	(2)	\$ 2,060
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	500
Total for the reporting period	(3)	\$ 500
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 384
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>		\$ 3,009

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		86-1982577									
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											Amount
Full Name of Contributing Committee		COMMITTEE TO ELECT RYAN BIZZARRO							Date [MM/DD/YYYY]	\$	100
									04/09/2025		
House #	5805	Street Address		FOREST CROSSING					Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16506	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	86-1982577
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
DOUGLAS J WATTS JR					04/14/2025	\$	60
House #	12663	Street Address	FORREST DR		Date [MM/DD/YYYY]	\$	
City	EDINBORO	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
SHARON BESKID					04/14/2025	\$	100
House #	3606	Street Address	JOSEPH DR		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
LPAC ERIE					04/21/2025	\$	100
House #	120	Street Address	W. 10TH ST		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16501	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
ERIC J MIKOVCH					04/10/2025	\$	250
House #	10290	Street Address	IVAREA RD		Date [MM/DD/YYYY]	\$	
City	CRANESVILLE	State	PA	Zip Code	16410	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
J TIMOTHY GEORGE					04/14/2025	\$	250
House #	1488	Street Address	ELLEWAY CT		Date [MM/DD/YYYY]	\$	
City	FAIRVIEW	State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
MICHAEL JOHN KOEHLER					04/14/2025	\$	250
House #	3863	Street Address	HERSHEY RD		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16506	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:		86-1982577					
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Full Name of Contributor		Friends of Teamsters 397			Date [MM/DD/YYYY]	\$	250
House #	1344	Street Address		E. 11th St.	Date [MM/DD/YYYY]	\$	
City	ERM	State	PA	Zip Code	12503	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Great Lakes Building Trade			Date [MM/DD/YYYY]	\$	250
House #	185	Street Address		Pennbrian Dr	Date [MM/DD/YYYY]	\$	
City	Eric	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Kathleen A Fatima			Date [MM/DD/YYYY]	\$	100
House #	4623	Street Address		Southern Dr.	Date [MM/DD/YYYY]	\$	
City	Eric	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Bruce Sandmeyer			Date [MM/DD/YYYY]	\$	250
House #	1001	Street Address		State St.	Date [MM/DD/YYYY]	\$	
City	Eric	State	PA	Zip Code	16501	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Eric Purchase			Date [MM/DD/YYYY]	\$	100
House #	2525	Street Address		W. 26th St.	Date [MM/DD/YYYY]	\$	
City	Eric	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]	\$

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	86-1982577
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	500
PATRICK BASKETTE					03/13/2025			
House #	19709	Street Address			Date [MM/DD/YYYY]		\$	
		WELLINGTON MANOR BLVD						
City	LUTZ	State	FL	Zip Code	33549	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, 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	FUNDRAISER						
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 384
						05/02/2025	
Receipt Description	FUNDRAISER - CASH RECEIVED						
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		LA NUOVA AURORA CLUB			Date [MM/DD/YYYY]	02/19/2025	\$	964.35
House #	1518	Street Address			WALNUT ST			
City	ERIE	State	PA	Zip Code	16502	Description of Expenditure		
						FUNDRAISER		
To Whom Paid		POLICE ATHLETIC LEAGUE			Date [MM/DD/YYYY]	01/31/2025	\$	540
House #		Street Address						
City	ERIE	State	PA	Zip Code	16501	Description of Expenditure		
						FUNDRAISER		
To Whom Paid		CAM			Date [MM/DD/YYYY]	04/12/2025	\$	75
House #	142	Street Address			W 12TH ST			
City	ERIE	State	PA	Zip Code	16501	Description of Expenditure		
						INTERVIEW		
To Whom Paid		CALAMARI'S			Date [MM/DD/YYYY]	04/14/2025	\$	522.17
House #	1313	Street Address			HARPER DR			
City	ERIE	State	PA	Zip Code	16505	Description of Expenditure		
						FUNDRAISER		
To Whom Paid		ACTBLUE			Date [MM/DD/YYYY]	05/05/2025	\$	13.41
House #		Street Address			PO BOX 441146			
City	SOMERVILLE	State	MA	Zip Code	02144	Description of Expenditure		
						SERVICE FEES		
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address						
City		State		Zip Code		Description of Expenditure		
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address						
City		State		Zip Code		Description of Expenditure		
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address						
City		State		Zip Code		Description of Expenditure		

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		CHRIS CAMPANELLI				Outstanding Balance of Debt	
House #	946	Street Address	W 36TH STREET		DATE DEBT INCURRED [MM/DD/YYYY]		\$
				05/10/2021			
City	ERIE	State	PA	Zip Code	16508	2,500.00	
Description of Debt		LOAN					

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

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

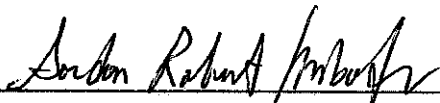
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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 checked="" type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 th 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 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.



Signature of Treasurer, Candidate, or Lobbyist

05/08/2025

Date (DD/MM/YYYY)

Gordon Robert Imboden

Printed Name

Erie PA USA

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.

A handwritten signature in black ink, appearing to read 'Chris D. Campanelli'.

Signature of Treasurer, Candidate, or Lobbyist

09/05/2025

Date (DD/MM/YYYY)

Chris D Campanelli

Printed Name

Erie PA USA

Location (City/State/Country)