

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification	Report Filed By		Committee		Lobbyist
Number 86-1982577	(Mark X)				
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT	CHRIS CAMPANELLI			
Street Address	946 W 36TH STREET				
Giv ERIE	<u> </u>	State PA	Zip Code 1	5508	
Type of Report (Place x under report type)					
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post	The second secon		· · · · · · · · · · · · · · · · · · ·	pecial 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	Pre-Election Pre-	Election Election	P	re-Election	Post-Election
Date Of Election: (MM/DD/YYYY)	Year	Amenda 2025 Populs		ermination	
26063		Report	# K	eport	
Summary of Receipts and From Date Expenditures	To Date		For Offi	ce Use Only	
01/01/2025	05/05/20	25 編集			
A. Amount Brought Forward From Last Repor	t \$ 5,789.0	06		5	2
B. Total Monetary Contributions and Receipts (From Schedule I)	3,009				2025 MAY
C. Total Funds Available (Sum of Lines A and B)	\$ 8,798.0	6		20 <u>20</u>	2
D. Total Expenditures (From Schedule III)	\$ 2,114.9	3		95	9
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 6,683.1	3			PH 12:
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0				***
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 3,750			e to	. 63
	A	ffidavit Section		7	<u> </u>
Part 1- If this is a Committee report, treasurer sign h	ere. If this is a Candidate	report, candidate sign	here.		
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this	cried scriedules on paper	, is to the best of my k	nowledge and belief true, o	orrect and comple	te.
day of20	• •	Dry	den awart p	hel	
		Sign	nature of Person Submittin	g report	
Signature	- [-	GORDON ROBE	Printed Name		-
My Commission expires	• •	814	453-7731		
MO. DAY YR.	_	Area Code		Telephone Numbe	 er
Part II- If this is a report of a Candidate's Authorized	Committee condidate st	nd sign have			·
I swear (or affirm) that to the best of my knowledge a amended.	and belief this political co	mmittee has not viola	ted any provisions of the A	ct of June 3, 1937 (P.L. 1333, NO.320) as
			$\Delta \cap$		Į
Sworn to and subscribed before me this		((200' -		
day of20	- '		Signature of Candidate		
Cinada	_ ¦ •	CHRIS D CAMPA	ANELLI		
Signature	, I		Printed Name		
My Commission expires	_	814	. 434-9573 	· · · · · · · · · · · · · · · · · · ·	
MO. DAY YR.		Area Code	Daytime 1	elephone 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)		12 <u>- 18 18 18 18 18 18 18 18 18 18 18 18 18 </u>
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)	tala -	The state of the s
Total for the reporting period (4)	\$	384
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	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			
				Amount
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Committee	COMMITTEE TO ELECT RYAN BIZZARR	0	04/09/2025	100
House # 5805	*		Date [MM/DD/YYYY]	\$
	FOREST CROSSING			
City FRIE	State PA	ip Code 16506	Date [MM/DD/MM]	
Full Name of Contributing		The state of the s	Date [MM/DD/YYYY]	\$
Committee				
House # Street A	ddress		Date [MM/DD/YYYY]	5
1 10 10 10 10 10 10 10 10 10 10 10 10 10				
City	State Z	ip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	,\$.
				Articles Parks Parks
House # Street A	ddress		Date [MM/DD/YYYY]	\$3
Ve dia	987			
City	State Zi	p Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing	NAME TO SERVICE STATE OF THE S	TO THE PARTY OF TH	Date MM/DD/YYYY	\$
Committee 4				
House # Street A	ddress		Date [MM/DD/YYYY]	\$
#Eli y	State	p Code	Date [MM/DD/YYYY]	\$
		- 1970 		
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Committee:	•			
House # Street A	ddress		Date [MM/DD/YYYY]	
City	State Zi	p Code	Date [MM/DD/YYYY]	\$ <u></u>
	Her es (dec.			
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street A	ddress		Date [MM/DD/YYYY]	\$ <u></u>
				14: 13; de 55 14: 7; 42: 7;
City	State Z	p Code	Date [MM/DD/YYYY]	Š

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:	2577		
4			

Full Name of Contributor		Date [MM/DD/XYYY]	
	DOUGLAS J WATTS JR	04/14/2025	. 60
House# Str	eet Address	Date [MM/DD/YYYY]	
12663	FORREST DR		
City	State Zip Code	Date [MM/DD/YY/Y] S	
EDINBORO	PA 55.71 16412		
Full Name of Contributor		Date [MIV/DD/YYYY] & \$	
	SHARON BESKID	04/14/2025	100
House #a Str			
3606	eet Address JOSEPH DR	Date [MM/DD/YYYY] \$	
			Ą
City ERIE	State PA Zip Code 16506	Date [MM/DD/YYYY]	
Full Name of Contributor		Date [MM/DD/YYYY] S	
表 蒙 表 金 透	LPAC ERIE	04/21/2025	100
House # Str	eet Address	Date [MM/DD/YYYY]	
120	W. 10TH ST		
City	State Zip Code	Date [MM/DD/YYYY] \$	
ERIE	PA 16501		
Full Name of Contributor			
This hall and the containmon			
		Date:[MM/DD/YYYY] \$	
	ERIC J MIKOVCH	Date [MM/DD/YYYY]	250
House# Sti	eet Address		250
House# Sti	ERIC J MIKOVCH	04/10/2025	250
House # 10290 #	eet Address VAREA RD State Zip, Code	04/10/2025	250
House # Str	ERIC J MIKOVCH COL Address IVAREA RD	04/10/2025 Date [MM/DD/YYYY] \$	250
House # 10290 #	eet Address IVAREA RD State PA 2ip.Code 16410	04/10/2025 Date [MM/DD/YYYY] \$	250
House # 10290 Str	eet Address IVAREA RD State PA 2ip.Code 16410	04/10/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	250
House # 10290 # CRANESVILLE Full Name of Contributor	ERIC J MIKOVCH COLUMN TO THE PA STATE PA 16410	04/10/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 04/14/2025	250
House # 10290 # CRANESVILLE Full Name of Contributor	ERIC J MIKOVCH eet Address IVAREA RD State PA J TIMOTHY GEORGE	04/10/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	250
House # 10290 Str. CRANESVILLE Full Name of Contributor House # 1488 Str.	ERIC J MIKOVCH CONTROL OF THE PA STATE PA J TIMOTHY GEORGE CONTROL OF THE PA ELLEWAY CT	04/10/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 04/14/2025 Date [MM/DD/YYYY] \$	250
House # 10290	ERIC J MIKOVCH CEL Address IVAREA RD State PA J TIMOTHY GEORGE ELLEWAY CT State PA Zip Code 16410	04/10/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 04/14/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	250
House # 10290 Str Cranesville Full Name of Contributor House # 1488 City FAIRVIEW	ERIC J MIKOVCH COT Address IVAREA RD STate PA J TIMOTHY GEORGE ELLEWAY CT State PA Zip Code 16410	04/10/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 04/14/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	250
House # 10290 Str Cranesville Full Name of Contributor House # 1488 City FAIRVIEW	ERIC J MIKOVCH CEL Address IVAREA RD State PA J TIMOTHY GEORGE CELLEWAY CT State PA Zip Code 16410	04/10/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ O4/14/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	250
House # 10290 Str Cranesville Full Name of Contributor House # 1488 Str City FAIRVIEW Full Name of Contributor	ERIC J MIKOVCH Cet Address IVAREA RD State PA J TIMOTHY GEORGE CELLEWAY CT State PA Zip Code 16410 Light Code 16415 MICHAEL JOHN KOEHLER	04/10/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 04/14/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	250
House # 10290 Str Cranesville Full Name of Contributor House # 1488 City FAIRVIEW Full Name of Contributor	ERIC J MIKOVCH Cet Address IVAREA RD State PA J TIMOTHY GEORGE ELLEWAY CT State PA Zip Code 16410 16415 MICHAEL JOHN KOEHLER EET Address	04/10/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ O4/14/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	250
House # 10290 Str City * CRANESVILLE Full Name of Contributor House # 1488 Str City FAIRVIEW Full Name of Contributor House # Str	ERIC J MIKOVCH Cet Address IVAREA RD State PA J TIMOTHY GEORGE ELLEWAY CT State PA Zip Code 16410 16415 MICHAEL JOHN KOEHLER EET Address	04/10/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 04/14/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	250
House # 10290 Str City * CRANESVILLE Full Name of Contributor House # 1488 City FAIRVIEW Full Name of Contributor House # 3863 City	ERIC J MIKOVCH Cet Address IVAREA RD State PA J TIMOTHY GEORGE ELLEWAY CT State PA Zip Code 16410 16415 MICHAEL JOHN KOEHLER ELET Address HERSHEY RD State Zip Code	04/10/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 04/14/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	250
House # 10290 Str Cranesville Full Name of Contributor House # 1488 Str Italian Str House # 3863 Str	ERIC J MIKOVCH eet Address IVAREA RD State PA J TIMOTHY GEORGE eet Address ELLEWAY CT State PA Zip Code 16410 16415 MICHAEL JOHN KOEHLER eet Address HERSHEY RD	04/10/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 04/14/2025 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 04/14/2025 Date [MM/DD/YYYY] \$	250

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.)

l Filer Identification Number:			
86-198	2577		
00-190 (#)			
±_±:			

Full Name of Contributor?	Friends of Teamsfers 397	Date [MM/DD/YYYY]	2/1
House # Street	. 44.	04/23/2025	250
1344	€. 11 h St.	Egate Initial Device of	
EM EM	State PA Zip Code 12503	Date [MM/DD/YYYY] S	
Full Name of Contributor	Great Lakes Building Fronte	Date [MM/DD/YYYY] \$	250
House # 185 Street	Address Phymbrian Dr	Date:[MM/DD/YYYY] \$	
City Eric	State AA Zip Code /6509	Date [MM/DD/YYYY] \$	
Full Name of Contributor.		Date [MM/DD/XYYY] \$	
	KAthfeen A fatica	02/19/2025	100
House# 4623 Street	Sonthern Dr.	Date [MM/DD/YYYY] \$	
Evil Evil	State RA Zip Code 1850 le	Date [MM/DD/YYYY] 5	
Full Name of Contributor	A 6	Date [MM/DD/YYYY] \$	
	Bruce Sandmeyer	04/17/2025	250
House# /DO/ Street	Address 5 Intl St.	Date [MM/DD/YYYY] \$	
Giv Eric	State PA Zip Code /1650/	Date [MM/DD/YYYY]: \$	
Full Name of Contributor	Eric Purchase	Date [MM/DD/YYYY] \$	100
House # 2525 Street	W. 26th 5t.	_Date [MM/DD/YYYY] \$	
City! Eril	State AA Zip Code 16506	Date [MM/DD/YYYY] \$	
Full Name of Contributor		;;Date [MM/DD/YYYY]E;	
House # Street /		Date [MM/DD/YY/YY] \$	
		32	7 10 10 10 10
City)	State ZipiCode	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)

File interiorication uprince:	1982577			
Full Name of Contributor	TRICK BASKETTE		Date [MM/DD/YYYY] \$ 500	
House # Street At	ddress WELLINGTON MANOR	R BLVD	Date [MM/DD/YYYY] \$	
City LUTZ	State FL	∠ip Code € 33549	Date [MM/DD/YYYY] \$	
Employer Name Employer Malling Address / Principal Place of Business	\$1 \$	1,000	Occupation	
Full Name of Contributor			Date [MM/DD/YYYY] ** \$	
House# Street Ac			Date [MM/DD/YYYY]	
City Employer Name	/State:	Zip Code	Date [MM/DD/YYYY] \$	
Employer Mailing Address // Principal Place of Business			English	
Full Name of Contributor	Account of the Control of the Contro		Date [MM/0D/YYYY] \$	
House## Street Ad	150E		Date [MM/DD/YYYY] \$	
City ** Employer Name***	State (Zip Code	Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Add			Date [MM/DD/YYYY] \$	
Employer Name 是是	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Mailing Address:/ * Principal Place of Business *			gOccupation≝ ≟	

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				
Full Name	FUNDRAISER				
3 1	eet Address				
City		State	Zip 😙 Code	Date [MM/DD/YYYY] 05/02/2025	384
Receipt Description 9	FUNDRAISER - CASH RECEIV	ED			
Full Name					
宝宝素 医二	et Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
City : 多多編章 章 · · · · · · · · · · · · · · · · · ·		State :	Zip Code	Date [MM/DD/YYYY]	
Receipt Description					
Full Name					
	et Address				
City 7		State	Zip Code	Date:[MM/DD/YYYY]	\$
Receipt Description			Personal Property of the Personal Property of	, t No.	
Full Name					
	er Address			· · · · · ·	
City	And the second s	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description					
Full Name .					
F. 8、 2 · 图 · 图 · 1	et Address				
City 1		State	Zip Code	Date [MM/DD/YY(YY)]	\$
Receipt Description					
Full Name					
	et Address				
City :		State a	Zip Code	Date [MM/DD/MYYY]	
Receipt Description					

Statement of Expenditures

 			 	
Filer Identification Number:	86-1982577		 	

To Whom Paid	· · · · · · · · · · · · · · · · · · ·	·		Date [MM/DD/YYYY]	
	LA NUOVA AURORA (LUB		02/19/2025	964.35
House#	Street Address		<u> </u>	Description of Expendi	ture it is a fi
1518	W				
City ERIE		State PA	Zip 16502	FUNDRAISER	
To Whom Paid	POLICE ATHLETIC LEA	GUF		Date [MM/DD/YYYY]	\$
				01/31/2025	540
House #	Street Address	Mb.		Description of Expendit	ure
City ERIE		State PA	Zip. Code: 16501	FUNDRAISER	
To Whom Paid	CAM			Date [MM/DD/YYYY]	
基				04/12/2025	75
House # 142	Street Address W	12TH ST		Description of Expendit	ure and the second
Clty ERIE		State PA	Zip Code 16501	INTERVIEW	
To Whom Paid	CALAMARI'S			Date [MM/DD/YYYY]	\$2
	CALAIVIARI S			04/14/2025	522.17
House # 1313	Street Address	RPER DR		Description of Expendit	Jre : The state of
City, ERIE		State PA	Zip Gode 16505	FUNDRAISER	A LIVER AND A STATE OF THE STAT
To Whom Paid	ACTBLUE			Date [MM/DD/YYYY]	Se
				05/05/2025	13.41
House#:	Street Address	BOX 441146		Description of Expenditu	re .
SOMERVILLE		State MA	Zip 02144	SERVICE FEES	No. of the state o
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditu	ire'
City 1		State	Zip Code W	//	
To Whom Paid				Date [MM/DD//////]	Ş
House #					V 2-
	Street Address			Description of Expenditu	rear to the
City	Street Address	State	"Zip	Description of Expendity	reached in the second of the s
養	Siree; Address	State	Zip Code		
City. To Whom Paid	Street Address	State		Description of Expenditu	
To Whom Paid	Street Address	State			\$ i

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		WOUNDERSON OF THE PROPERTY OF		CONTRACTOR OF CONTRACTOR OF THE PROPERTY OF TH
a ruer identification Number	2			N
				a
	100 4000 = 77			9
	18h-19875//			F
	00 2002017			2
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				19
Team and the second sec				ti
	THE RESIDENCE OF THE PROPERTY	THE PROPERTY OF THE PROPERTY O	(Note and resident to a resident to the state of the stat	Market and the second s
20.000			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	The state of the s

Name o	Creditor	CHRIS CAMPANELLI	Outstanding Balance of Debt
House#		reet Address DATE DEBT IN	IGURRED S
	946	W 36TH STREET 25/10/20	
City		ERIE State PA Code	16508 2,500.00
Descript	ion of Debt	LOAN	14303
Name of	Creditor: 75%	CHRIS CAMPANELLI	Qutstanding Balance of Debt (
House#	946	reet Address W 36TH STREET DATE DEBT IN [MIM/DD/	
	340	05/19/20	
Gity#		ERIE · State PA Gode	16508 250,00
Descript	ion of Debt	LOAN	
Name of	Creditor	CHRIS CAMPANELLI	Qutstanding Balance of Debt
House #	946	eet Address DATE DEBT IN	
	940	W 36TH STREET 10/22/20	
City		ERIE State PA Zip	1,000.00
Descripti	on of Debt	LOAN	Rel Fanter
	Creditor		Outstanding Balance of Debt
House #	St	eet Address DATE DEBTAN	
City		State Zip "gode	
Descripti	on of Debt	December of the second	2番
Name of	Greditor		Outstanding Balance of Debt
House #	St	eet Address DATE DEBTAIN	EURRED : . 'S .
		[M̄M̄M̄].	Y (Y)
City ÷	l los	State Zip Code	
Descripti	on of Debt	<u>Code</u>	
Name of	Gradua		Western Washington
House #		eet Address DATE DEBT IN	Outstanding Balance of Debt
	31	EMM/DD/Y	
Gity		State Zip	
	on of Debt	Gode	
Sescribil	on orden		



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.

		didate, or Lobbyi	st		
Reporting Cycle Cycle 1 6th Tuesday Pre-Primary	Name ✓ Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	6 th Tu	Cycle 4 uesday lection	☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	Cycle 8 2 nd Friday Pre-Special	Election	4	cle 9 st-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

Date (DD/MM/YYYY

Gordon Robert Imboden
Printed Name

Erie PA USA

Location (City/State/Country)



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

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

Date (DD/MM/YYYY)

Location (City/State/Country)