

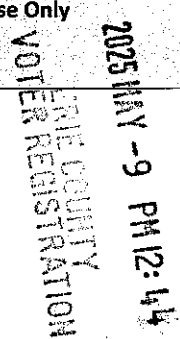
Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Deonte for Erie					
Street Address		1158 East 29th Street					
City	Erie	State	PA	Zip Code	16504		

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)		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
	2/19/2025	5/5/2025	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	4933	
C. Total Funds Available (Sum of Lines A and B)	\$	4933	
D. Total Expenditures (From Schedule III)	\$	3522.72	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1410.28	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 page 2, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

9th day of May 20 25

Signature: Tonia Fernandez

My Commission expires 4-3-27 MO. DAY YR.

Signature of Person Submitting report: Kaitlin C. Delak

Printed Name

814 Area Code

746-8459 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

9th day of May 20 25

Signature: Tonia Fernandez

My Commission expires 4-3-27 MO. DAY YR.

Signature of Candidate: Deonte Cooley

Printed Name

814 Area Code

882-4482 Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Tonia Fernandez, Notary Public
Erie County
My commission expires April 3, 2027
Commission number 1288912
Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	1613
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	1875
Total for the reporting period	(2)	\$ 1875

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)	\$	500
All Other Contributions (Part D)	\$	945
Total for the reporting period	(3)	\$ 1445

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period	(4)	\$	0
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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>	\$	4933
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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																			
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										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:	
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Full Name of Contributor		Debra Thompson				Date [MM/DD/YYYY]	\$	100.00
						3/06/2023		
House #	614	Street Address	Wedgewood Dr			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Heather Switala				Date [MM/DD/YYYY]	\$	200.00
						03/21/2025		
House #	2939	Street Address	Tuttle Ave.			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16504	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Marquelle Knight				Date [MM/DD/YYYY]	\$	200.00
						04/21/2025		
House #	2621	Street Address	German Street			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16504	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Markel Hall				Date [MM/DD/YYYY]	\$	250.00
						04/11/2025		
House #	1137	Street Address	East 25th Street			Date [MM/DD/YYYY]	\$	250.00
City	Erie	State	PA	Zip Code	16503	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Daria Devlin				Date [MM/DD/YYYY]	\$	100.00
						04/11/2025		
House #	3848	Street Address	State Street			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16508	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Megan Honhart				Date [MM/DD/YYYY]	\$	150.00
						05/01/2025		
House #	2328	Street Address	Eastern Ave			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16510	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						Date [MM/DD/YYYY]		\$	
Filipi Partnership						04/30/2025		\$	100
House #	519	Street Address				Date [MM/DD/YYYY]		\$	
		West 9th Street						\$	
City	Erie	State	PA	Zip Code	16502	Date [MM/DD/YYYY]		\$	
								\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Susana Faulker						04/30/2025		\$	100
House #	419	Street Address				Date [MM/DD/YYYY]		\$	
		State Street						\$	
City	Erie	State	PA	Zip Code	16501	Date [MM/DD/YYYY]		\$	
								\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Pearl Jeffries-Steele						0/03/2025		\$	75
House #	2823	Street Address				Date [MM/DD/YYYY]		\$	
		Davison Ave						\$	
City	Erie	State	PA	Zip Code	16504	Date [MM/DD/YYYY]		\$	
								\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Drew Whiting						2/26/2025		\$	250
House #	417	Street Address				Date [MM/DD/YYYY]		\$	
		State Street						\$	
City	Erie	State	Pa	Zip Code	16501	Date [MM/DD/YYYY]		\$	
								\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Marcus Pacley						4/26/2025		\$	100
House #		Street Address				Date [MM/DD/YYYY]		\$	
								\$	
City	Erie	State	PA	Zip Code	16502	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		Erie Fire Fighters PAC				Date [MM/DD/YYYY]	\$	500.00
						4/21/2025		
House #		Street Address	PO BOX 3576			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 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:	
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Full Name of Contributor		Marquelle Knight				Date [MM/DD/YYYY]	\$	300
						03/24/2025		
House #	2621	Street Address		German Street		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16504	Date [MM/DD/YYYY]	\$	
Employer Name		Erie Insurance				Occupation	IT Supervisor	
Employer Mailing Address / Principal Place of Business		100 Erie Insurance Pl. Erie PA 16503						
Full Name of Contributor		Drew Whiting				Date [MM/DD/YYYY]	\$	645
						04/23/2025		
House #	417	Street Address		State St		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16501	Date [MM/DD/YYYY]	\$	
Employer Name		Erie Downtown Development Corporation				Occupation	CEO	
Employer Mailing Address / Principal Place of Business		417 State St. Erie PA 16501						
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									

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

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]		\$	
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]		\$	
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]		\$	
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]		\$	
Description of Contribution								

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

Filer Identification Number:	
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To Whom Paid		Desantis Signs and Graphics				Date [MM/DD/YYYY]	\$	365.17
						4/18/2025		
House #	540	Street Address	West 18th St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Campaign Yard Signs		
To Whom Paid		Desantis Signs and Graphics				Date [MM/DD/YYYY]	\$	158.51
						4/28/2025		
House #	540	Street Address	West 18th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Campaign Badges		
To Whom Paid		Desantis Sign and Graphics				Date [MM/DD/YYYY]	\$	77.14
						4/14/2025		
House #	540	Street Address	West 18th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Campaign Handouts		
To Whom Paid		Desantis Signs and Graphics				Date [MM/DD/YYYY]	\$	591.52
						5/22/2025		
House #	540	Street Address	West 18th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Campaign Yard Signs and Buttons		
To Whom Paid		Who's Hungry? By Jahuan Jones				Date [MM/DD/YYYY]	\$	155.00
						04/11/2025		
House #	716	Street Address	West 26th			Description of Expenditure		
City	Erie	State	PA	Zip Code	16508			
To Whom Paid		Dotigan Clothing CO				Date [MM/DD/YYYY]	\$	225.00
						4/12/2025		
House #	1150	Street Address	West 26th			Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	T shirt Deposit		
To Whom Paid		Sams Club				Date [MM/DD/YYYY]	\$	76.23
						4/19/2025		
House #	7200	Street Address	Peach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Food for Volunteer Meeting		
To Whom Paid		Giant Eagle				Date [MM/DD/YYYY]	\$	39.21
						4/19/2025		
House #	2067	Street Address	Interchange Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Food for Volunteer Meeting		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Dotigan Clothing Co				Date [MM/DD/YYYY]	\$	645
						4/24/2025		
House #	1150	Street Address	West 26th			Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Campaign T shirts		
To Whom Paid		Dotigan Clothing Co				Date [MM/DD/YYYY]	\$	230
						4/30/2024		
House #	1150	Street Address	West 26th			Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Campaign T Shirts		
To Whom Paid		Northwest Savings Bank				Date [MM/DD/YYYY]	\$	6
						3/3/2025		
House #	850	Street Address	Pittsburgh Ave			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Campaign Checks		
To Whom Paid		Northwest Savings Bank				Date [MM/DD/YYYY]	\$	5
						3/31/2025		
House #	850	Street Address	Pittsburgh Ave			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Paper Statement Fee		
To Whom Paid		Northwest Savings Bank				Date [MM/DD/YYYY]	\$	5
						4/30/2025		
House #	850	Street Address	Pittsburgh			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Paper Statement Fee		
To Whom Paid		Sacred Heart Usher's Society				Date [MM/DD/YYYY]	\$	224 404.00
						4/16/2025		
House #	716	Street Address	West 26th St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Campiagn Fundraiser Venue + DJ		
To Whom Paid		Desantis Signs and Graphics				Date [MM/DD/YYYY]	\$	365.17
						3/17/2025		
House #	540	Street Address	West 18th			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Campaign Yard Signs		
To Whom Paid		Desantis Signs and Graphics				Date [MM/DD/YYYY]	\$	68.90
						4/14/2025		
House #	540	Street Address	West 18th			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Campaign Handouts		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Desantis Signs and Graphics				Date [MM/DD/YYYY]		\$ 105.87	
						4/12/2025			
House #	540	Street Address	West 18th Street			Description of Expenditure			
City	Erie	State	PA	Zip Code	16502	Deposit for Campaign Item Order			

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:	
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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							