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

Filer Identificat	ion	(Note: 1	Report Filed		te	Committee	<u> </u>	Lobbyist
Number Name of Filing	 Committee, Ca	ndidate or	(Mark X) Friends Of Rock	Coneland				
Lobbyist Street Address			1			· · · · · · · · · · · · · · · · · · ·	- 	
City			1336 Patterson	Ave State		Zip Code		
2009 (1912) F. 1913)	Erie				PA		16508	
Type of Report	•				I 1 - 2 - 200-2			
1-6 th Tuesday Pre-Primary	2- 2 ^m Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 ^{na} Friday Pre-Election	Special 30 Day Post-Election
Date Of Election	ting in the committee of the contract of the c	11/7/2023	Year	2023	Amendment Report		Termination Report	
Summary of Re	celpts and	From Date	To Dat	e		For	Office Use Only	
Expenditures	Carati de Ana. Revalos de Stadon	11/28/2023	12	2/31/2023			april 1	
A. Amount Bro	ught Forward F	rom Last Repor	t \$	572.84		<u></u>	2	Ī
B. Total Moneta (From Schedule	0	ns and Receipts		6.00			Fig. 1	<u> </u>
C. Total Funds A (Sum of Lines A			\$	578.84				0
D. Total Expend	医神经检查性 医动物 电电流 经债券 医乙酰磺酸		\$	23.91				
E. Ending Cash I	(From Schedule III) E. Ending Cash Balance			FF4.03				pittes eEd #
(Subtract Line D F. Value of In-Ki		ns Received	\$	554.93				
(From Schedule	11)		693.6 183.1	0				
G. Unpaid Debt (From Schedule		ins	\$	- ° 0 1				
3.500		which is good to all high at the	3 8	Affidavit Sec				
					ndidate sign here. best of my knowled		rue, correct and comple	ete.
Sworn to and subs	scribed before m	e this	enns	· ŗ∌∖	10.144	<u> </u>	•	
30 day of	Januar.	1_20_ <i>0</i> 4_	ion i	of Pen Watso	Signatura	- 100 6 100	nitting report	
au	flick!	ulta	~ " 2 7	X	MON	TIST	er	
	Signature	loslar		nsylvania n. Notary	24	Printed Nam	@ 911/2	·
My Commission e	xpires <i></i> MO	DAY YR.	Association of No	Notary Public	rea Code	<u>၂</u>	ytime Telephone Numb	er
Part II- If this is a r	enort of a Condi	data'e Authorised		S 82			. ,	
I swear (or affirm) amended.	that to the best	of my knowledge	and belief this po	mical committee	nas not violated an	y provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subs	scribed before m	e this	My co	Con	.71			
30 day of	Januar	4 2024	⊕ (∙0.∃	monweal Angela	VA/ ,	/20/		
Pu	il C	V. Wist	Penniss	Commonwealth Angela L.	Rock Ste	nature of Candi	date	
	Signature	1 1	sylvan)		,	Printed Name	/	
My Commission ex		12/2004	nia Ainum	enns) Son.	314	4	60-2589	
	MO.	DAY YR.	mission expires Decem ommission number 142 ommissio	of Pennsylvania: of Pennsylvania: Watson, Notary Erie County	rea Code	Day	time Telephone Numbe	r
			7 (7) 77		 			·
٠	•		5503 503 Not	Notary Public				

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)	\$ 6.00
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)	\$ 0
Total for the reporting period (2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
Total for the reporting period (3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0
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)

0

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.

	14 14 15		the state of the s
			Amount
Full Name of Contributing Committee	9 A B B B B B B B B B B B B B B B B B B		Date [MM/DD/YYYY] \$
House # Street	Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee		, partice and d	Date [MM/DD/YYYY] \$
House # Street	Address		Date [MM/DD/YYYY] \$
City	State	Zíp 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	[-22 2864]	nes 6 am a 6 C (26)	Date [MM/DD/YYYY] \$
House # Street	Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	n session and	er e	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 Numbers				
	•			
Full Name of Contributor			*Date [MM/DD/YYYY]	
House## Street Address			Date [MM//DID/AYAY]	
(Gity	State	Zip Gode	Date [MM/DD/YYYY] \$	
Name of Contributors			iDate([VIM//DD//Y/Y/Vij.a.).\$	
House## Street Address			Date [MM/DD//YY//] S	
GNY	State	Zip Gode	idate [MM//DD/AAAAA]	
FUJ/Name of Contributor			⊕Date\[MIN//PIP/AAAAA]	
Houseff. Street Address			Date (MM/DD/MM)	
Gisy.	State	Zip Code	Date [(MM//DD//YYYY)] S	
			Date:[MM//DD//Y/Y//] S	
(House # Street Address			Date [MM//DD//Y/Y/)] S	
Clay	State	Zip Code	Date (MM/DD/AYAY)	
Fulli Name of Contributor			Dates[MM//DD/MA//]; S	
House #. Street Address	torico- siden.		Date [MM//DD//YYYY] \$ \$	
Gly	State	Zip Codě.	Date [MM//DD//Y/Y///] \$	
faull Namerof Contributor			:Date:(MM/DD/AAAA)	
House# Street Address			Date [MM/DD/XYXY] \$	
GHÝ	State	Zip Gode	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.

(ille: (dentification: Number:				
Full Name of Contributing Committee			FIDENCE[[MIM//DIDY/YYYYM]]	
House # Street Address				Š
Gfty.	State	, Zip Code		
Full Name of Contributing Committee			The second secon	\$/
House # Street Address			Date (MM//DD//WYM)	
	/State	Zip Gode		\$
Skull Namerof Contributing Committee	ar		Date (MM/Db/AAAA)	
House# Street Address	The state of the s	1.000-000-000-000-000-000-000-000-000-00		
effy AuthVenresof	State	Zip Code		
Contributing Committee		-		
House'#2 Street Address	Tewasses.	10-4- two-signature and the signature and the si	Date IMM/DD/AWW)	
City FullName of	State	Zip Gode	Date (MM/DD/AAAA)	
Contributing Committee		:	Date [MM/DD/AAAA]	
House'# Street Address	For Later September 1	The state of the s	Date [MM/(DD/AYYY)	
dity	State	Zip Gode	Date [MM/DD/WY/Y)]	
Full Name of Contributing Committee	-		Date [MM/DD//Y6/Y6]	
House#4 Street Address	A Triffication Section 1	Live best transports, 2011	Date [MM/DD/YYYY]	
City,	State	Zip:Gode	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:

			,
Full Name of Contributor			Date [MM//DD/MYY] \$
House # Street Addre	SS		Date (MM/DD/YYYY) \$
City	State /	Zip Code	Date (MM/DD/YYYY) \$
Employer Name Employer Mailing Address /			Occupation
Principal Place of Business			
Full Name of Contributor			Date [MM/DD/XYYY] \$
House # Street Addre	35 2	÷	Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date [MM/DD/XYYYY] \$
Employer Name			Occupation
Employer Mailing Address / Rrincipal Place of Business			Experience of the control of the con
Full Name of Contributor			*Date [MM/DD/YYYY] \$
House:# Street Addre	55		Date [MM/DD/YYYY] *\$
GIfy)	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 Addres	S		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 (dentification Number:					
Full Name					
	et Address	State //			
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
Receipt Description GulliName					
	et Address		·		
div		State	[®] A p · · · · · · · · · · · · · · · · · · ·	Date [MM/DD/MYY] S	
Receipt Description		(如果在水泉湖南省)		[[[[]]]	
FOIIName House# Stre	et/Address				
Gίγ		State	Zip Code	Date [MM//DD/ANAM] (\$	
Receipt Description		(
lagh) (ame				· · · · · · · · · · · · · · · · · · ·	
thouse # Stre	et/Address	State	(27) h 2 3 3 1	MeatellMM/Jde/Avaval ss	
Receipt Description			Zip Code	Date [MM/DD//YYYY] \$	
rkegaju seksanprion: Rajbybijo					
House(#) Stree	et Address				
GIV.		State.	Zlp. Göde	Date [MM//DD//YY/M] \$	
Receipt Description					
FiulliName: House:# Stree	et Address				
Gity's		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

File: Identification Number:				
1. UNITEMIZEDIN-KIND CON	TRIBUTIONS RECEIVED VAL	UE OF SSUUD OR LESSI	PER CONTRIBUTOR ==	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS	RECEIVED AVAILUE (OF \$50/01)	110)S250:00/(FROM PA	RT (E)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION R	EGEIVED-VALUE OVER \$250	00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
				· · · · · · · · · · · · · · · · · · ·
TOTAL VALUE OF IN-KIND CONTRIBU- PERIOD (Add and enter amount tota on Page 1, Report Cover Page, Item I	ls from boxes 1, 2, and 3; al	•		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Num	iber:				
`					
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
				#3 5 	
House #	Street Address			Date [MM/DD/YYYY]	\$
City.		State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contril	Lifian			in the state of th	
Full Name of Contribu	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date (MM/DD/AYYM)	
		Land Tolera Parity	Control of the Contro		
City		State	Zip Code	Date [MM/,DD/,Y444)	\$
Description of Contrib	hutlan .				
Full Name of Contribu	utor			Date [MM/DD/YYYY]	\$
				Section 1	
House #	Street Address			Date [MM/DD/YYYY)	\$
City		luace e	Too Car an area of the property of		
GIV		State	Zip Code	Date [MM/DD/Y/Y/]	\$
Description of Contrib	bution:				
Full Name of Contribu	HAN I			Date [MM/DD/WWW]	\$
				Date Hamilton	1
House #	Street Address			Date [MM/DD/YYYY]	(\$) .
	SUCCE				
Gity		State	Zip Code	Date [MM/DD/YYYY]	\$
				(18 Cartifolis PE Cartifolis Address region of considerations of the cartifolis and cartifolis a	
Description of Contrib	Jution		Construction of the constr		282241
Full Name of Contribu	ator:			Date [MM/DD/YYYY]	\$
		•		(1820)	
House#	Street Address			Date [MM/DD/YYYY]	.5
				None and the second	
City	The Assessment of the same	State	Zlp Code	Date [MM/DD/YYYY]	5
- Control	· new sales years				
Description of Contrib	Aution	Å			

SCHEDULE II Part G

In-Kind Contributions Received VALUE OVER \$250

	VALUE OVER \$250	
Filer (dentification Number)		
Full-Namerof Contributor		@Date-([MIMI/(DD//YYYY) \$
House# Street Address		Date [MM//DD//Y/A//] \$
Gly	State Zip Gode	Date:[MM//DD//YYYY] \$
Employer Name		Occupation: 2
Employer (Majling:Address://Brindpal IPEnerof/Business		Description of Contribution
FUll(Name)of.Contributor		Date:(MM/DD/MYY) \$
House# Street Address	Long-Proteing and Table State (Control of State State	Date:[MM//DD/Anyn] \$
(Giv)	State Zip/Code	/ Date-([MM//DD//YYYY]
Employer Name		
Employer Malling Address / Principal Place of Business		Description of Contribution
Rull Name of Contributor		IDate][MM//DD/XYYYY] \$
Nibuse # Street Address	Parameterinal propries	//Date [MIXI//DD///Y/Y/]
हो। इंग् व	State Zip Gode	Date (MIX/ADJ/YYYY) \$
Employer Name		Octupation.
Employer Malling Address/Principal Riace of Business		Description of Gontribution
Rulli Name: of Contributor:		Date[[MM]/ADD/AMAM] \$
House# Street Address	Total parameters (1)	Date [MM//DD//YYYY] \$
City: Employer Name	State Zip Gode	Date [MW/DD/YYYY] \$
Employer Mailing Address/Principal Place of Business		Description of Contribution

SCHEDULE III Statement of Expenditures

Filer Identification Number:	·
	·

To Whom Paid			Biological Control of the Control of	
Stripe	:		Date [MM/DD/YYYY] . \$ Multiple	.36
	et Address		Description of Expenditure	
Gity	State	Zip Code	Stripe fee deduction from online	donations
To Whom Paid Act Bl	ue		Date [MM/DD/YYYY) S	.09
	et Address		Description of Expenditure	
Сіту	State	Zip Code	Act blue fee deduction from onlin	ne donations
To Whom Paid Faceb	ook		Date [MM/DD/YYYY] \$ 12/6/2023	23.46
	t Address		Description of Expenditure	
(City)	State	Zip Code	Online Ads	
To Whom Paid	·		Date [MM/DD/YYYY] \$	
House # Stree	t Address		Description of Expenditure	
Gity	State	Zip Code		
To Whom Paid	·		Date [MM/DD/YYYY] S	
	t Address		Description of Expenditure	
City	State	Zip Code		
Td Whom Paid			Date [MM/DD/YYYY] \$	
House # Stree	t Address		Description of Expenditure	
City	State	Zip Code		
To Whom Pald		P. Anna	Date [MM/DD/XYYY] \$	
House # Stree	t Address	Constitution	Description of Expenditure	
City	State	Zip Code		
To Whom Paid		4 1772	Date [MM/DD/YYYY] \$	
House # Stree	t Address	02/40	Description of Expenditure	
Gity	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 Numbe			
Name of Greditor			Outstanding Balance of Debt
House # Si	treet Address	DATE DEBT INCURRED [MM/DD/YYYY]	*
City	 		
Description of Debt		Code	
Name of Creditor			Outstanding Balance of Debt
House #	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
-City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House # St	reet Address	DATE DEBT INCURRED [MM/DD/YXYY]	
City	State	Zip Code	
Description of Debt			
Name of Creditor House # St	reet Address	DATE DEBT INCURRED	Outstanding Balance of Debt
		[MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt		•	
Name of Creditor			Outstanding Balance of Debt
House# St	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City :	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House # St	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt		· · · · · · · · · · · · · · · · · · ·	