

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	N/A	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect James M. DePalma							
Street Address		1884 East Lake Road							
City	Erie	State	PA	Zip Code	16511				

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
	4/7/25	5/5/25	
A. Amount Brought Forward From Last Report	\$	0.00	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2025 MAY -8 PM 4:15 ERIE COUNTY VOTER REGISTRATION </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2621.79	
C. Total Funds Available (Sum of Lines A and B)	\$	2621.79	
D. Total Expenditures (From Schedule III)	\$	100.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2521.79	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1071.79	

Affidavit Section

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

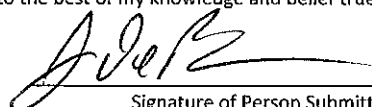
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

5 day of May 20 25
Nina M. Ruhling
Signature

My Commission expires 5 4 29
MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
Nina M. Ruhling, Notary Public
Erie County
My commission expires May 4, 2029
Commission number 1396632
Member, Pennsylvania Association of Notaries


Signature of Person Submitting report
Joseph DePalma
Printed Name
814 403-8038
Area Code Daytime Telephone Number

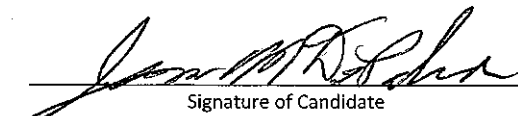
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

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

5 day of May 20 25
Nina M. Ruhling
Signature

My Commission expires 5 4 29
MO. DAY YR.


Signature of Candidate
James DePalma
Printed Name
814 403-3759
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Nina M. Ruhling, Notary Public
Erie County
My commission expires May 4, 2029
Commission number 1396632
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)	\$ 0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)			\$ 0.00
All Other Contributions (Part B)			\$ 750.00
Total for the reporting period		(2)	\$ 750.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)			\$ 0.00
All Other Contributions (Part D)			\$ 1871.79
Total for the reporting period		(3)	\$ 1871.79
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0.00
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>			\$ 2621.79

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		Stephanie DePalma-Johnson				Date [MM/DD/YYYY]	\$	200.00
						04/07/2025		
House #	643	Street Address		Young Road		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Jamie Krysiak				Date [MM/DD/YYYY]	\$	100.00
						04/24/2025		
House #	364	Street Address		East 37th Street		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16504	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Mary Kirkpatrick				Date [MM/DD/YYYY]	\$	250.00
						05/02/2025		
House #	2526	Street Address		Lilac Court		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Carol Luczynski				Date [MM/DD/YYYY]	\$	100.00
						05/02/2025		
House #	5219	Street Address		Dorchester Dr		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Paul Lichtenwalter				Date [MM/DD/YYYY]	\$	100.00
						05/02/2025		
House #	4508	Street Address		4508 Wood Street		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16509	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					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 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		Donald Wright				Date [MM/DD/YYYY]	\$	300.00
						04/07/2025		
House #	1324	Street Address	South Shore Dr			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation	Retired	
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor		David Golab				Date [MM/DD/YYYY]	\$	500.00
						05/02/2025		
House #	3950	Street Address	Leeward Passage CT, Apt. 203			Date [MM/DD/YYYY]	\$	
City	Bonita Springs	State	FL	Zip Code	34134	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation	Retired	
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor		James M. DePalma				Date [MM/DD/YYYY]	\$	1071.79
						04/18/2025		
House #	537	Street Address	Shenley Dr			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	
Employer Name		Southend Beneficial				Occupation	Manager	
Employer Mailing Address / Principal Place of Business		340 Metz Street, Erie, PA 16505						

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										

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)	\$ 0.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0.00

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)		\$ 0.00
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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	
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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	
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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	
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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	
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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	
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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		Polish Falcons Nest 610				Date [MM/DD/YYYY]		\$		100.00	
House #		431		Street Address		East 3rd Street		Description of Expenditure			
City		Erie		State		PA		Zip Code		16507	
								Advertising			

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			

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		James M. DePalma				Outstanding Balance of Debt	
House #	537	Street Address	Shenley Drive		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 1071.79
				04/18/2025			
City	Erie	State	PA	Zip Code	16505		
Description of Debt		Advance cost of yard signs and stickers					

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							