

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 Chris Drexel						
Street Address		2713 Nagle Rd						
City	Erie	State	PA	Zip Code	16510			

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/07/2023	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/28/2023	12/31/2023	
A. Amount Brought Forward From Last Report	\$	8,652.04	<p>2024 JAN -4 AM 8:27</p> <p>PA STATE COMPTROLLER</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	11,300.09	
C. Total Funds Available (Sum of Lines A and B)	\$	19,952.13	
D. Total Expenditures (From Schedule III)	\$	19,942.04	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	10.09	
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.

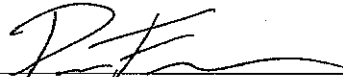
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____
MO. DAY YR.


Signature of Person Submitting report
Peter Frank
Printed Name

814 897-5674
Area Code Daytime Telephone Number

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

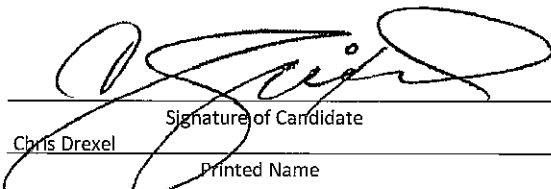
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____
MO. DAY YR.


Signature of Candidate
Chris Drexel
Printed Name

814 504-4108
Area Code Daytime Telephone Number

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
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)	\$	11,300
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	11,300
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0.09
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>		\$ 11,300.09

PART C

Contributions Received From Political Committees

Over \$250.00

See
Attached

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]		\$		

Date	Contribution	Name	Address	City	State	ZIP
11/29/2023	\$ 11,300.00	Democracy FIRST PAC	611 Pennsylvania Ave SE, #143	Washington	DC	20003
	\$ 11,300.00					

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

See
Attached

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												

12/31/2023 Widget Financial 4268 Buffalo Rd Erie PA 16510 \$0.09 interest income from savings account

SCHEDULE III
Statement of Expenditures

See
Attached

Filer Identification Number:

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			

To Whom Paid	Address	City	State	Zip	Date	Amount	Description
Widget Financial	2154 E Lake Rd	Erie	PA	16511	11/29/2023	\$ 15.00	Bank fee for receiving a wire transfer
Deliver Strategies, LLC	PO Box 100970	Arlington	VA	22210	11/30/2023	\$ 7,445.67	Postcard 7 production, shipping, postage
Deliver Strategies, LLC	PO Box 100970	Arlington	VA	22210	11/30/2023	\$ 7,445.67	Postcard 8 production, shipping, postage
Deliver Strategies, LLC	PO Box 100970	Arlington	VA	22210	11/30/2023	\$ 4,487.50	Door hanger, production, shipping
Ad Specialty Solutions	38 Pinelake Dr	Williamsville	NY	14221	11/30/2023	\$ 191.50	Stickers
Ad Specialty Solutions	38 Pinelake Dr	Williamsville	NY	14221	11/30/2023	\$ 168.00	Stickers
Chris Drexel	2713 Nagle Rd	Erie	PA	16510	12/9/2023	\$ 188.70	Partial reimbursement for digital ads and content on local cable access station
						\$19,942.04	



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure

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

Peter Frank

Printed Name

01/02/2024

Date (MM/DD/YYYY)

Erie/PA/U.S.

Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement

500 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.

A handwritten signature in black ink, appearing to read 'Chris Drexel', written over a horizontal line.

Signature of Treasurer, Candidate, or Lobbyist

Chris Drexel

Printed Name

01/02/2024

Date (MM/DD/YYYY)

Erie/PA/U.S.

Location (City/State/Country)