

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	9800273	Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input checked="" type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist		Erie County Democratic Party PAC								
Street Address		P.O. Box 1184								
City	Erie	State	PA	Zip Code	16512					
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)		11/02/21		Year	2021		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	1/1/21		To Date	12/31/21		For Office Use Only		
A. Amount Brought Forward From Last Report		\$	384.25		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2022 JAN 26 PM 2:02 Erie County Democratic Party PAC </div>					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	500.00							
C. Total Funds Available (Sum of Lines A and B)		\$	884.25							
D. Total Expenditures (From Schedule III)		\$	500.00							
E. Ending Cash Balance (Subtract Line D from Line C)		\$	384.25							
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										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>24 day of January 20 22</p> <p><i>[Signature]</i></p> <p>Signature</p> <p>My Commission expires October 18, 2022</p> <p>MO. DAY YR.</p> </div> <div style="width: 45%; text-align: center;"> <p><i>[Signature]</i></p> <p>Signature of Person Submitting report</p> <p>Kevin PASTENKA</p> <p>Printed Name</p> <p>814</p> <p>Area Code</p> <p>504-5235</p> <p>Daytime Telephone Number</p> </div> </div>										
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										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>____ day of ____ 20 ____</p> <p>____</p> <p>Signature</p> <p>My Commission expires ____</p> <p>MO. DAY YR.</p> </div> <div style="width: 45%; text-align: center;"> <p>____</p> <p>Signature of Candidate</p> <p>____</p> <p>Printed Name</p> <p>____</p> <p>Area Code</p> <p>____</p> <p>Daytime Telephone Number</p> </div> </div>										

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	9800273	
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)	\$	500.00 0
All Other Contributions (Part B)	\$	
Total for the reporting period	(2)	500.00 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	500.00
All Other Contributions (Part D)	\$	
Total for the reporting period	(3)	500.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
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)	\$	500.00

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		9800273									
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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]					\$	
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:	9800273
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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]	\$		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	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]	\$		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	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]	\$		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	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:	9800273
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Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	500.00
Good Day PAC				10/25/2021			
House #	Street Address		Date [MM/DD/YYYY]		\$		
	P.O. Box 10381						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Pittsburgh	PA	15234					
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:	9800273
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #				Street Address		Date [MM/DD/YYYY]
City				State		Zip Code
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
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
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
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:	9800273
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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:	9800273
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
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TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
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TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
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TOTAL for the reporting period	(3)	\$	
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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:	9800273
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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:	9800273
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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:	9800273
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To Whom Paid		Committee to Elect Lydia Lathe		Date [MM/DD/YYYY]		\$ 500.00	
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				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:	9800273
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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						
Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code		
Description of Debt						