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

Filer Identification 000013		didate Committee V Lobbyist
Number 7800273	(Mark X)	Committee X Committee
Name of Filing Committee, Candidate or Lobbyist	Erie County	y Democratic Party PAC
Street Address	P.O. Box 1182	4
city Erie	State	e PA Zip Code 16512
Type of Report (Place x under report type)		
1. 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post		ay 6-30 Day Post 7- Annual Special 2 nd Friday Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election Pre- Election	ion Election Pre-Election Post-Election
Date Of Election (MM/DD/YYYY) 11/02/21	Year 2021	Amendment Termination
		Report Report
Summary of Receipts and From Date Expenditures	To Date	For Office Use Only.
1/1/21	12/31/21	
A. Amount Brought Forward From Last Report	1 287.25	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 500.00	The state of the s
C. Total Funds Available	\$ 884.25	
(Sum of Lines A and B) D. Total Expenditures	,	
(From Schedule III) E. Ending Cash Balance	500.00	
(Subtract Line D from Line C)	\$ 384.25	· · · · · · · · · · · · · · · · · · ·
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0	
G. Unpaid Debts and Obligations	\$ 0	
(From Schedule IV)	Affidavit :	
Part 1- If this is a Committee report, treasurer sign he	re. If this is a Candidate report,	, candidate sign here.
I swear (or affirm) that this report, including the attac Sworn to and subscribed before me this	hed schedules on paper, lis to th	the best of my knowledge and belief true, correct and complete.
24 day of January 20 22	nnife nnife	p-/mac
Hoden Brook D	ealth of lifer L. The Ernission Er	Signature of Person Submitting report
Signature	rie Courer, l'Erie Co	Printed Name
My Commission expires October 18 20		814 504-5235
MO. DAY YR.	ania - Notary Potary Potary Potary Recitation	Area Code Daytime Telephone Number
Part II- If this is a report of a Candidate's Authorized C	ommittee andidates hall sign	i here.
amended.	no beller unis political committe	ee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	σ <u> </u>	
day of20	11	
		Signature of Candidate
Signature	-	Printed Name
My Commission expires	_	
MO. DAY YR.		Area Code Daytime Telephone Number

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	α		*	75.75	 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	ニエンロロフス・	† ")			
	1 - 0 - 0:	1 2	<u> </u>	<u>and the second of the second </u>	
The second secon					

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	SQL TOLOGORA	\$ 500.00
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$ 500.00 O
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, Rep Cover Page, Item B)	ort	\$ 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

Filer Identification Num	98	00273)		
					Amount
Full Name of Contribution Committee	uting		· ==	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 5	
			<u> </u>		
City.		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contribu	uting			Date [MM/DD/YYYY] \$	
Committee				Date Initi(Non) 19111	
House #	Street Address			Date [MM/DD/YYYY] \$	
10 10 10 10 10 10 10 10 10 10 10 10 10 1		. ·			
City .		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contribu	iting				
Committee				Date [MM/DD/YWY] \$	
House #	Street Address		/	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
2. 100 (Aug 199)					
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
	ECE CALL SIGNED CONTROL STORM				
Full Name of Contribu Committee	ting		•	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	Action of a				
City		State/	Zip Code	Date [MM/DD/YYYY] \$	
		1			<u>.</u> .
Full Name of Contribut Committee	ting			Date [MM/DD/YYYY] 5	
House#		<i></i>		uh (
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
				Sac-Imm/DD/Red II	
Full Name of Contribut Committee	ting			Date [MM/DD/YYYY] 5	
and the second second	Street Address			Date [MM/DD/YYYY] \$	
				Date (MINI) DO FEEF	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Printer.					

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:	9000	772				
	7800	210	 	1.		<u> </u>

<u> La Mile Marie (Marie de Companyo de Comp</u>			·	<u> The state of the</u>	
Full Name of Contributor				Date [MM/DD/YYYY] \$	
de de la companya de Companya de la companya de la compa	eet Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributor				Date [MM/DD/YYYY] \$	
House # Str	eet Address			Date [MM/ØD/YYYY] \$	
City	300 C 200 C	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor				Date [MM/DD/YYYY] \$	
House # Str	eet Address			Date [MM/DD/YYYY] \$	
City	the management was a series processing and series (4)]	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor				Date [MM/DD/YYYY] \$	
House # Str	eet Address	. /		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor				Date [MM/DD/YYYY] \$	
House # Stre	eet Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor				Date [MM/DD/YYYY] \$	
	eet 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.

Fallet Identification Nu					
Pilet idelitimeacon iva	980	0273			
	No. No. No.				
Full Name of Contributing Commi	ttee (FDE	d DAY PA(·	Date [MM/DD/YYYY] \$	500.00
House #	Street Address	d Day PA(P.O.Box	10381	Date [MM/DD/YYYY] \$	
City		1.0.50	10 701		
Pottse	burgh	State PA	Zip Code 15234	Date [MM/DD/YYYY] \$;	
Full Name of Contributing Commit	itee			Date [MM/DD/YYYY] \$1	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Commit	tee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
				Date (min/50/, n.t.)	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Commit	tee			Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
House#		<u>-</u>			
Alexander III	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
Full Name of Contributing Commit	ee			Date [MM/DD/YYYY] \$	
House#					
Florence	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Committ				A CONTRACT OF THE PROPERTY OF	
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:

Employer Mailing Address / Principal Place of Business' Full Name of Contributer

Street Address

State

Zip Code

House #

Employer Name

Employer Mailing Address / Principal Place of Business

City

Filer Identification Number:	9800273	,		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	Address	·	Date [MM/DD/YYYY] \$	<u>-</u>
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] ,\$ Occupation	
Employer Mailing Address / Principal Place of Business Full Name of Contributor				
House # Street A	Address		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	<u>.</u>
Employer Name Employer Mailing Address /			Occupation	
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] \$	-
House # Street A	ddress	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
City 2.5	State	Zip Code	Date [MM/DD/YYYY] \$	

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Occupation

Date [MM/DD/YYYY] \$

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:

Filer Identification Number:	980027	3		
Full Name				
Associated by	et Address			
City Street Control of the City of the Cit		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Page 1			
Full Name				
and the service of the next of	et Address			/
City	Ethodies	State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
	et Address	· · · · · · · · · · · · · · · · · · ·		
City Control of the Control of the C		State	Zip Code/	Date [MM/DD/YYYY] \$
Receipt Description				
			/	
Full Name				
	et Address		· · · · · · · · · · · · · · · · · · ·	The state of the s
City		State	Zip Gode	Date (MM/DD/YYYY) \$
Receipt Description		X		
Full Name				
House # Stree	et Address /	/		
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description			·	
Full Name				
	et Address .			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			<u> </u>	

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				
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$9	50.00	DR'LESS PER CO	NTRIBUTOR	r Programme (1994). Geografia Politica (1994).
TOTAL for the reporting period (1)	\$			
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01.TO \$250	00 (F	ROM PARTIE		
TOTAL for the reporting period (2)	\$			
	<u> </u>			
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FRO	M PAR	TG)		
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)	\$			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	9800273	

Full Name of Contribu	rtor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	AND RESIDENCE AND ENGINEERING AND ADDRESS OF THE AD	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	iution				
Full Name of Contribu				Date [MM/DD/YYYY] \$	
	Street Address			Date [MM/DD/YYYY] \$	
City	A VALUE OF THE PARTY OF THE PAR	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	aution		/		
Full Name of Contribu	19 5 19 10			Date [MM/DD/YYYY] \$	
	Street Address			Date [MM/DD/YYYY] \$	
City.		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib					
Full Name of Contribu				Date [MM/DD/YYYY] \$	
	Street Address		·	Date [MM/DD/YYYY] 5	
City Description of Fontall		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib					
Full Name of Contribu	14400 1 14			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City Description of Contrib		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	ution	i			

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	79 2 2 2 7 7 2	
	1800213	

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] 5
	The manufacture of the Company of th
House # Street Address	Date [MM/DD/YYYY] \$
	The manufacture of the Company of th
House # Street Address City State Zip Code Employer Name	Date [MM/DD/YYYY] \$
House # Street Address City State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City State Zip Code Employer Name Employer Mailing Address / Principal	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of
City State Zip Code Employer Name Employer Mailing Address / Principal/ Place of Business Full Name of Contributor Street Address	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

Statement of Expenditures

Filer Identification Number:	_
riler identification Number:	
	ロシののクラフ
	$\mathcal{A}(X)/\mathcal{C}(Y)$
	10002 ギラ

To Whom Paid	<u> </u>	- /	1 1 1 1 1		Date [MM/DD/YYYY] \$	
	Committe	ee to Elec	t Lydia Lath	e	10/15/2021	500,00
House #	Street Address				Description of Expenditure	
City	A SAN DEVANÇA Ç	State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY] \$	
House #	Street Address				Description of Expenditure	
City	Processing of the process of the control of the con	State	Zip. Code			all IVII the trapage of the second
To Whom Paid					Date [MM/DD/YYYY] \$	
House #	Street Address				Description of Expenditure	
City	- CANCEL	State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY] \$	
House#	Street Address				Description of Expenditure	
City		State	Zip Code			
To Whom Pald					Date [MM/DD/YYYY] S	
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 Pald					Date [MM/DD//YYY] \$	
House #	Street Address		Proposition of the North State of the State		Description of Expenditure	The group of the design of the
City		State	Zip Code	-		
To Whom Paid					Date [MM/DD/YYYY] \$	
House#	Street Address				Description of Expenditure	n serie di di mancio de serie Serie di principa di di mancio Serie di Serie di
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

Name of Creditor		Outstanding Balance of Debt
	reet Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt	Form reservoire analysis	Calavara.
Name of Creditor		Outstanding Balance of Debt
	reet Address DATE DEBT INCURRED [MM/DD/YYYY]	S
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
	reet Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	State Zip Code	
Name of Creditor		Outstanding Balance of Debt
House # St	reet Address DATE DEBT INCURRED [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		F. Germania
Name of Creditor		Outstanding Balance of Debt
	reet Address DATE DEBT INCURRED [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		Control
Name of Creditor		Outstanding Balance of Debt
House #	reet Address DATE DEBT INCURRED [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt	Dist(color) (color) (c	TAX DOMESTIC