

# 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 ANITA FAY						
Street Address		3026 ERIE STREET						
City	ERIE	State	PA	Zip Code	16508			

Type of Report (Place x under report type)

1-6 <sup>th</sup> Tuesday Pre-Primary	2-2 <sup>nd</sup> Friday Pre-Primary	3-30 Day Post Primary	4-6 <sup>th</sup> Tuesday Pre-Election	5-2 <sup>nd</sup> Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2 <sup>nd</sup> 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 11/03/2025 LF	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
	02/01/2025	05/05/2025	
A. Amount Brought Forward From Last Report	\$	10.00	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2025 MAY -5 PM 3:17  ERIE COUNTY  VOTER REGISTRATION </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	110.00	
C. Total Funds Available (Sum of Lines A and B)	\$	120.00	
D. Total Expenditures (From Schedule III)	\$	5.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	115.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	639.28	

## 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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
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)	\$	10.00
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**2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)**

Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	100.00
Total for the reporting period	(2)	\$ 100.00

**3. Contributions Over \$250.00 (From Part C and Part D)**

Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
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)	\$	
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>			\$ 110.00

**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																													
															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.)

File Identification Number	
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Full Name of Contributor					Date (MM/DD/YYYY)	
BRIAN YOUNG					03/29/2025	100.00
House #	9712	Street Address			Date (MM/DD/YYYY)	
		TOWNLINE ROAD				
City	NORTH EAST	State	PA	Zip Code	16428	
Full Name of Contributor					Date (MM/DD/YYYY)	
House #		Street Address			Date (MM/DD/YYYY)	
City		State		Zip Code		
Full Name of Contributor					Date (MM/DD/YYYY)	
House #		Street Address			Date (MM/DD/YYYY)	
City		State		Zip Code		
Full Name of Contributor					Date (MM/DD/YYYY)	
House #		Street Address			Date (MM/DD/YYYY)	
City		State		Zip Code		
Full Name of Contributor					Date (MM/DD/YYYY)	
House #		Street Address			Date (MM/DD/YYYY)	
City		State		Zip Code		
Full Name of Contributor					Date (MM/DD/YYYY)	
House #		Street Address			Date (MM/DD/YYYY)	
City		State		Zip Code		

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.

Trer 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	
Full Name of Contributing Committee		Date (MM/DD/YYYY)	
House #	Street Address	Date (MM/DD/YYYY)	
City	State	Zip Code	
Full Name of Contributing Committee		Date (MM/DD/YYYY)	
House #	Street Address	Date (MM/DD/YYYY)	
City	State	Zip Code	
Full Name of Contributing Committee		Date (MM/DD/YYYY)	
House #	Street Address	Date (MM/DD/YYYY)	
City	State	Zip Code	
Full Name of Contributing Committee		Date (MM/DD/YYYY)	
House #	Street Address	Date (MM/DD/YYYY)	
City	State	Zip Code	
Full Name of Contributing Committee		Date (MM/DD/YYYY)	
House #	Street Address	Date (MM/DD/YYYY)	
City	State	Zip Code	

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)

Full Name of Contributor	
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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 / Probable Place of Business				
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 / Probable Place of Business				
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 / Probable Place of Business				
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 / Probable 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.

Refund 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**

Identification Number	
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<b>1. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART I)</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART I)</b>		
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)		\$ 0.00
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Label Identification Number</b>	
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<b>Full Name of Contributor</b>				<b>Date (MM/DD/YYYY)</b>			
<b>House #</b>	<b>Street Address</b>			<b>Date (MM/DD/YYYY)</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>				<b>Date (MM/DD/YYYY)</b>			
<b>House #</b>	<b>Street Address</b>			<b>Date (MM/DD/YYYY)</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>				<b>Date (MM/DD/YYYY)</b>			
<b>House #</b>	<b>Street Address</b>			<b>Date (MM/DD/YYYY)</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>				<b>Date (MM/DD/YYYY)</b>			
<b>House #</b>	<b>Street Address</b>			<b>Date (MM/DD/YYYY)</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>				<b>Date (MM/DD/YYYY)</b>			
<b>House #</b>	<b>Street Address</b>			<b>Date (MM/DD/YYYY)</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	
<b>Description of Contribution</b>							

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

File Identification Number									
Full Name of Contributor					Date (MM/DD/YYYY)				
House					Street Address		Date (MM/DD/YYYY)		S
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)		S		
House					Street Address		Date (MM/DD/YYYY)		S
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)		S		
House					Street Address		Date (MM/DD/YYYY)		S
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)		S		
House					Street Address		Date (MM/DD/YYYY)		S
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)		S		
House					Street Address		Date (MM/DD/YYYY)		S
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

Elder Identification Number	
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To Whom Paid	ANEDOT	Date (MM/DD/YYYY)	04/05/2025	\$ 5.00	
House #	1340	Street Address	POYDRAS STREET SUITE 1770		
City	NEW ORLEANS	State	LA	Zip Code	70112
Description of Expenditure MERCHANT FEES					
To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address			
City		State		Zip Code	
To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address			
City		State		Zip Code	
To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address			
City		State		Zip Code	
To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address			
City		State		Zip Code	
To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address			
City		State		Zip Code	
To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address			
City		State		Zip Code	
To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address			
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.

<b>File Number</b>	
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<b>Name of Debtor</b>						<b>Outstanding Balance of Debt</b>	
ANITA FAY							
<b>House</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b>		<b>MM/DD/YYYY</b>			
3026	ERIE STREET						
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
ERIE	PA	16508			639.28		
<b>Description of Debt</b>							
DEBT TOTAL DUE TO THE CANDIDATE							

<b>Name of Debtor</b>						<b>Outstanding Balance of Debt</b>	
<b>House</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b>		<b>MM/DD/YYYY</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>Description of Debt</b>							

<b>Name of Debtor</b>						<b>Outstanding Balance of Debt</b>	
<b>House</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b>		<b>MM/DD/YYYY</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>Description of Debt</b>							

<b>Name of Debtor</b>						<b>Outstanding Balance of Debt</b>	
<b>House</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b>		<b>MM/DD/YYYY</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>Description of Debt</b>							

<b>Name of Debtor</b>						<b>Outstanding Balance of Debt</b>	
<b>House</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b>		<b>MM/DD/YYYY</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>Description of Debt</b>							

<b>Name of Debtor</b>						<b>Outstanding Balance of Debt</b>	
<b>House</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b>		<b>MM/DD/YYYY</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>Description of Debt</b>							



**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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

**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 Statements.** This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist				
ANITA FAY				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input checked="" type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-Special Election	

**Part I** – If this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full 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 Statement is true and correct.

Donna Reese  
Signature of Treasurer, Candidate, or Lobbyist

Donna Reese  
Printed Name

05/03/2025  
Date (MM/DD/YYYY)

2518 W. 24<sup>th</sup> St Erie, PA 16506  
Location (City/State/Country)



**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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

**Part II** - If this is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate sign here.

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Statement is true and correct.**

Signature of Candidate

05/05/2025

Date (DD/MM/YYYY)

Anita L Fay

Printed Name

ERine

Location (City/State/Country)