

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 checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Anita Fay						
Street Address		3026 Erie Street						
City	Erie	State	PA	Zip Code	16508			

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
	02/02/2025	05/05/2025	
A. Amount Brought Forward From Last Report	\$	0.00	<div style="transform: rotate(90deg); transform-origin: center;"> 2025 MAY -5 PM 3:17 ERIE COUNTY VOTER REGISTRATION </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	0.00	
D. Total Expenditures (From Schedule III)	\$	639.28	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	(639.28)	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	15.87	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

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 page 2, 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

Lauren E Thayer

Signature

My Commission expires 12-20-2028

MO. DAY YR.

Area Code 814

Daytime Telephone Number 460-7333

Signature of Person Submitting report

Printed Name Anita L Fay

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.

Area Code

Daytime Telephone Number

Signature of Candidate

Printed Name

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)		\$	
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)		\$	
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)	\$	0
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)		\$	

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					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:	
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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					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							

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							

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							

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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">\$</td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align: center;">15.87</td> <td></td> </tr> </table>	\$		15.87	
\$						
15.87						

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)				
TOTAL for the reporting period	(2)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">\$</td> <td style="width:90%;"></td> </tr> </table>	\$	
\$				

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)				
TOTAL for the reporting period	(3)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">\$</td> <td style="width:90%;"></td> </tr> </table>	\$	
\$				

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)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">\$</td> <td style="width:90%; text-align: center;">15.87</td> </tr> </table>	\$	15.87
\$	15.87			

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							

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

File Identification Number:

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:

To Whom Paid		Bejamin's Buttons USA				Date [MM/DD/YYYY]	\$	153.70
						04/15/2025		
House #	12290	Street Address	Angling Road			Description of Expenditure		
City	Edinboro	State	PA	Zip Code	16412	CAMPAIGN BUTTONS		
To Whom Paid		Erie County Election Office				Date [MM/DD/YYYY]	\$	25.00
						3/10/2025		
House #	140	Street Address	W 6th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	Petition Filing Fee		
To Whom Paid		UPS Store				Date [MM/DD/YYYY]	\$	14.63
						04/16/2025		
House #	2501	Street Address	W. 12th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	CAMPAIGN PRINTING		
To Whom Paid		UPS Store				Date [MM/DD/YYYY]	\$	18.29
						04/05/2025		
House #	2501	Street Address	W. 12th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	CAMPAIGN PRINTING		
To Whom Paid		UPS Store				Date [MM/DD/YYYY]	\$	39.40
						03/01/2025		
House #	2501	Street Address	W. 12th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	CAMPAIGN PRINTING		
To Whom Paid		WALMART				Date [MM/DD/YYYY]	\$	8.44
						03/27/2025		
House #	2741	Street Address	Elm Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16504	FUNDRAISER TICKETS		
To Whom Paid		DR CONSULTANTS, INC				Date [MM/DD/YYYY]	\$	379.82
						04/04/2025		
House #	2578	Street Address	W.24th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	YARD SIGNS,RACK CARDS, POSTCARDS		
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: _____

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							

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					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		\$