



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	81-5189653	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 LISA FERRICK							
Street Address	3030 CLARK ROAD							
City	ERIE	State	PA	Zip Code	16510			

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 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 checked="" 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	\$	3500.15	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2021 JAN 30 AM 12: 21  ERIE COUNTY  VOTER REGISTRATION </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2499.85	
C. Total Funds Available (Sum of Lines A and B)	\$	6000.00	
D. Total Expenditures (From Schedule III)	\$	6000.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 schedule on page 2, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 30<sup>th</sup> day of January 2024

Angela L. Watson  
Signature

My Commission expires 12/02/2026  
MO. DAY YR.

Signature of Person Submitting report  
SHARON E. RILEY  
Printed Name

814 460-6035  
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 30<sup>th</sup> day of January 2024

Angela L. Watson  
Signature

My Commission expires 12/02/2026  
MO. DAY YR.

Signature of Candidate  
LISA R. FERRICK  
Printed Name

814 873-8051  
Area Code Daytime Telephone Number

My Commission expires December 2, 2026  
 Commission number 1425503  
 Member, Pennsylvania Association of Notaries  
 Commonwealth of Pennsylvania - Notary Seal  
 Angela L. Watson, Notary Public  
 Erie County

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	81-5189653		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period		(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	2499.85
Total for the reporting period		(3)	\$ 2499.85
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
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>		\$	2499.85

**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.

<b>Filer Identification Number</b>	81-5189653
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Amount

<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$	
<b>House #</b>		<b>Street Address</b>			Date [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Date [MM/DD/YYYY]	\$
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$	
<b>House #</b>		<b>Street Address</b>			Date [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Date [MM/DD/YYYY]	\$
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$	
<b>House #</b>		<b>Street Address</b>			Date [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Date [MM/DD/YYYY]	\$
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$	
<b>House #</b>		<b>Street Address</b>			Date [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Date [MM/DD/YYYY]	\$
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$	
<b>House #</b>		<b>Street Address</b>			Date [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Date [MM/DD/YYYY]	\$
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$	
<b>House #</b>		<b>Street Address</b>			Date [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		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.)

Ballot Identification Number:	81-5189653
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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	81-5189653
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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)

Committee Identification Number		81-5189653									
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Full Name of Contributor					TIMOTHY & LISA FERRICK					Date (MM/DD/YYYY)		12/31/2023		\$		2499.85						
House #		3030		Street Address					CLARK ROAD					Date (MM/DD/YYYY)		\$						
City			ERIE			State		PA		Zip Code			16510			Date (MM/DD/YYYY)		\$				
Employer Name					CAMPAIGN LOAN FORGIVENESS - NO ACTUAL \$\$\$										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	81-5189653
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Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
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**

<b>Pier Identification Number</b>	81-5189653
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<b>1. UNITEMIZED 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 F)</b>		
TOTAL for the reporting period	(2)	\$

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

Filer Identification Number	81-5189653
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
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 #					Date [MM/DD/YYYY]	\$	
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 #					Date [MM/DD/YYYY]	\$	
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 #					Date [MM/DD/YYYY]	\$	
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 #					Date [MM/DD/YYYY]	\$	
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

Election Identification Number	81-5189653
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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 81-5189653
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To Whom Paid TIMOTHY & LISA FERRICK					Date [MM/DD/YYYY] 12/04/2023		\$ 3500.15	
House # 3030		Street Address CLARK ROAD			Description of Expenditure			
City ERIE		State PA	Zip Code 16510	CAMPAIGN LOAN PAYMENT				
To Whom Paid TIMOTHY & LISA FERRICK					Date [MM/DD/YYYY] 12/31/2023		\$ 2499.85	
House # 3030		Street Address CLARK ROAD			Description of Expenditure			
City ERIE		State PA	Zip Code 16510	LOAN FORGIVENESS - NO \$\$\$ EXCHANGED				
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:	81-5189653
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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						

## Commonwealth of Pennsylvania

## CAMPAIGN FINANCE ANNUAL REPORT

December 31, 2023

TO: FRIENDS OF LISA FERRICK

FROM: LISA R. FERRICK and TIMOTHY FERRICK

REGARDING: OUTSTANDING LOAN BALANCE TO THE COMMITTEE

Please accept this notification as forgiveness of the loan(s) we individually and/or collectively made to Friends of Lisa Ferrick during the year of 2023. The outstanding balance of the loan(s) is \$2,499.85, as outlined on Schedule IV Statement of Unpaid Debts of the Committee's Campaign Finance Reports. It is our stated intent to forgive Friends of Lisa Ferrick each of the individual loans to the committee that are outlined on Schedule IV Statement of Unpaid Debts of the committee's reports.

This is being done so the treasurer of Friends of Lisa Ferrick can file the annual Campaign Finance Report and terminate the committee.

Respectfully Submitted,

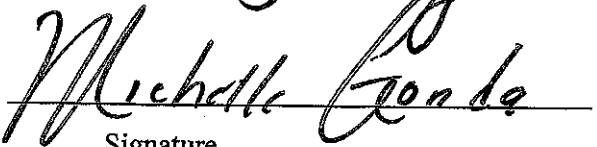
Lisa R. Ferrick and Timothy Ferrick

## AFFIDAVIT SECTION

I swear (or affirm) that to the best of my knowledge and belief the information contained in this letter is true and correct.

Sworn to and subscribed before me this

29 day of January 20 24



Signature



Signature of Person Submitting Letter

Lisa R. Ferrick

Printed Name

My Commission expires 5 26 2027 814

873-8051

Commonwealth of Pennsylvania - Notary Seal  
MICHELLE GONDA - Notary Public  
Erie County  
My Commission Expires May 26, 2027  
Commission Number 1290868

MO. DAY YR. }

Area Code

Daytime Telephone Number

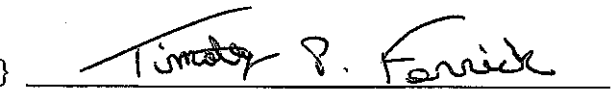
I swear (or affirm) that to the best of my knowledge and belief the information contained in this letter is true and correct.

Sworn to and subscribed before me this

29 day of January 20 24



Signature



Signature of Person Submitting Letter

Timothy P. Ferrick

Printed Name

Commonwealth of Pennsylvania - Notary Seal  
MICHELLE GONDA - Notary Public  
Erie County  
My Commission Expires May 26, 2027  
Commission Number 1290868

MO. DAY YR. }

Area Code

490-2629

Area Code

Daytime Telephone Number