



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

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

File 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		Sara Gilger					
Street Address		22 S. Main Street					
City	Union City	State	PA	Zip Code	16438		

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)		05/20/2025	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
	02/01/2025	05/20/2025	
A: Amount Brought Forward From Last Report	\$	0.00	2025 MAY -9 AM 7:41 ERIE COUNTY VOTER REGISTRATION
B: Total Monetary Contributions and Receipts (From Schedule I)	\$	230.87	
C: Total Funds Available (Sum of Lines A and B)	\$	230.87	
D: Total Expenditures (From Schedule III)	\$	888.97	
E: Ending Cash Balance (Subtract Line D from Line C)	\$	(658.10)	
F: Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G: Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

## 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 May 20 25	
Signature	Signature of Person Submitting report	
My Commission expires	MO. DAY YR.	
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	Signature of Candidate	
My Commission expires	MO. DAY YR.	
Area Code	Daytime Telephone Number	

Member, Pennsylvania Association of Notaries  
My Commission expires November 8, 2027  
Commission number 1358652  
Erie County

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

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	0.00
<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)	\$	0.00
<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)		\$	
Total for the reporting period	(3)	\$	0.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	230.87
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>		\$	230.87

**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]		\$			
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.)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	

**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]	\$

**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	GARY WELLS							
House #	17550	Street Address	ROUTE 8					
City	UNION CITY	State	PA	Zip Code	16438	Date [MM/DD/YYYY]	\$ 230.87	
Receipt Description	REIMBUREMENT OF SIGNS AND KICK OFF PARTY							
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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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$ 0.00

<b>2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART B)</b>		
TOTAL for the reporting period	(2)	\$ 0.00

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART C)</b>		
TOTAL for the reporting period	(3)	\$ 0.00

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

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						

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$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]		\$	
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:	
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To Whom Paid		Donna Reese			Date [MM/DD/YYYY]		\$ 431.53	
House #		2578			Street Address		W. 24th Street	
City		Erie			State		PA	
Zip Code		16506			Description of Expenditure			
					Yard signs and rack cards			
To Whom Paid		Leader Graphics			Date [MM/DD/YYYY]		\$ 119.78	
House #		1107			Street Address		Hess Avenue	
City		Erie			State		PA	
Zip Code		16503			Description of Expenditure			
					4X8 SIGNS			
To Whom Paid		SAM'S CLUB			Date [MM/DD/YYYY]		\$ 225.34	
House #		7200			Street Address		PEACH STREET	
City		ERIE			State		PA	
Zip Code		16509			Description of Expenditure			
					KICK OFF EVENT SUPPLIES			
To Whom Paid		TOP'S MARKET			Date [MM/DD/YYYY]		\$ 4.32	
House #		19-21			Street Address		E HIGH STREET	
City		UNION CITY			State		PA	
Zip Code		16438			Description of Expenditure			
					KICK OFF EVENT SUPPLIES			
To Whom Paid		WARMER'S BAKERY			Date [MM/DD/YYYY]		\$ 108.00	
House #		115			Street Address		N. FRANKLIN STREET	
City		TITUSVILLE			State		PA	
Zip Code		16354			Description of Expenditure			
					PERSONALIZED COOKIES			
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #					Street Address			
City					State			
Zip Code					Description of Expenditure			
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #					Street Address			
City					State			
Zip Code					Description of Expenditure			
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #					Street Address			
City					State			
Zip Code					Description of Expenditure			

**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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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>			<b>\$</b>		
<b>City</b>		<b>State</b>	<b>Zip Code</b>				
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>			<b>\$</b>		
<b>City</b>		<b>State</b>	<b>Zip Code</b>				
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>			<b>\$</b>		
<b>City</b>		<b>State</b>	<b>Zip Code</b>				
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>			<b>\$</b>		
<b>City</b>		<b>State</b>	<b>Zip Code</b>				
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>			<b>\$</b>		
<b>City</b>		<b>State</b>	<b>Zip Code</b>				
<b>Description of Debt</b>							