Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By Candidate (Mark X)	Committee
Name of Filing Committee, Candidate or Lobbylst Street Address	Committee to Elect	Elizabeth Hirz DA
TOTAL CONTRACTOR OF THE PARTY O	P.O. Box 295	
CHY FATRVIE	W State PA	Zip Code 16415
Type of Report (Place x under report type)		
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday 5-2 nd Friday 6-30 Day Post Pre-Election Pre-Election Election	7- Annual Special 2 nd Friday Special 30 Day Pre-Election Post-Election
Date Of Election (MM/DD/YYYY)	Year 2024 Amendment Report	Termination Report
Summary of Receipts and From Date Expenditures	To Date	For Office Use Only:
A. Amount Brought Forward From Last Report	1 12 31 12029 \$ 11 515 ac	2 07
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0	OTEN A
C. Total Funds Available (Sum of Lines A and B)	\$ 16,565,95	
D. Total Expenditures (From Schedule III) E. Ending Cash Balance	\$ 2.464.75	PH 2:
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	3 14,101,2	
(From Schedule II) G. Unpaid Debts and Obligations	35,00	
(From Schedule IV)		
Part 1- If this is a Committee report, treasurer sign here	Affidavit Section e. If this is a Candidate report, candidate sign here.	
I swear (or affirm) that this report, including the attach	ed schedules on paper, is to the best of my knowled	ge and belief true, correct and complete.
Sworn to and subscribed before me this 2319 day of December 20 24	· Jotia.	- Vincenty
Linute Masso)	TOTAL	of Person Subpolitting report
	nmonwealth of Pennsylvania - Notary Seal Lynette Maggio, Notary Public	Printed Name
My Commission expires 66 6 2025 MO. DAY YR. M	B Erie County My commission expires June Francisco Commission number 1446583	S72-7463 Daytime Telephone Number
Part II- If this is a report of a Candidate's Authorized Co	ommittee, candidate shall sign here.	
I swear (or affirm) that to the best of my knowledge and amended.	d belief this political committee 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 231d day of December 20 24	ENII	
Syput mazzo	i ELLEKRO	ature of Candidate
Signature My Commission expires 06 06 28	nonweath of Pennsylvania Wolary Seal Lynette Maggio, Notary Publid	Frinted Name 572 1463
MO DAY YR	Erie County Area Code commission expires June 6, 2028 Commission number 1446583	Daytime Telephone Number
Memb	Der, Pennsylvania Association of Notaries	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		_	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	14 CHA 515	tia 4954	
2. On termiced contribution and deceipts 5.00,00 of Fess bel Contributor	ar in i		
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)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)	171.08		
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	X 22		
Total factors :			
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, Re Cover Page, Item B)	port	\$	

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.

The definition value			,	
				Amount
Full Name of Contributing			Date [MM/DD/YYYY] \$	<u> </u>
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			Total Control of the	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street Address			Date [MM/DD/YYYY] S	
			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			Pate (MIN/PD) 1111 3	.•
Full Name of Contributing	[Own.2541225) 8000	A ACCOUNT OF THE CONTRACTOR OF THE APPLICATIONS	Date [MM/DD/YYYY] \$	
Committee				
House # Street Address		:	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			Control of the Contro	
Full Name of Contributing	* /		Date [MM/DD/YYYY] \$	
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	•
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
		,		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing - Committee			Date [MM/DD/YYYY] \$	
	· · · · · · · · · · · · · · · · · · ·	7-72		
House # Street Address			Date [MM/DD/YYYY] \$	
	•			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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.)

	And the state of t			
Full Name of Contributor			Date [MM/Db/YYYY]	
House # Street Address			Date (MM/DD/YYYY)	4 2
City	State	Zip Gode	Date [MM/DD/XXXX]	
Full Name of Contributor				
r un vaine of Control	\		Date [MM/DD/YYYY]	
House# Street Address			Date [MM/DD/YYYY]	
	· ·			
<u>City</u>	State	íp Code	Date [MM/DD/YYYY] s	
Full Name of Contributor			Date MM/DD/YYYY/	
Acceptance of the second secon				
House# Street Address			Date [MM/DD/WW] S	
Eity .	State 74	p.Gode	-Date (MIX)/DD/WWY) = -S	
		1		
Full Name of Contributor			Date (MM/Jody/WAA)	
House # Street-Address			Date [MM/DD/YYYY] S	
		ĺ		
(Clty	State Zi	o Code	Date [MM//DD//YYYY] S	
Ŀŭl <u>evantsok</u> contributoja:				
House # Street Address		· ·	Date [MM/DD/AYYY] \$	
City	State) Code	Date [MM/DD/YYYY] S	
Full-Name of Contributor			Date [MM/DD/YYYM] \$	
House # Street Address			Date [MM/DD/YYYY] S	
		(2)		
Gity	State Zig	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:

	Landa and the second and the second			-
Full Name of	The second respective to the second second		Date [MM/DD/YYYY] \$	
Contributing Committee			Pate in the pate i	
House# Street	t Address		Date [MM/DD/YYYY] \$	•
City .	State	Zip Code	Date [MM/DD/YYYY] \$	
Fúll Name of				
Contributing Committee		· 	Date [MM/DD/YYYY] \$	
House # Street	t Address		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		1 (1994) de 2004 (1994) de mariema en premior a	Date [MM/DD/YYYY]	
House # Street	Address		Date [MM/DD/YYYY] \$	
<u>City</u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	(332-44)24-450-4-4-4-4	(Produce 2008 State (September 1	Date [MIM/DD/YYYY] \$	
House# Street	Address		Date [MM//DD/YYYY] \$	
(Citý)	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] \$	
	Address		Date [MM/DD/YYYY] 3.5	
Gity	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:	Marie Carlos and the second and the		
Full Name of Contributor.			Date MM/DD/YYYY
6.5.2.2.1.0	and the state of t		
.House.# Street Ac	ldress		Date [MM/,DD/YYYY] \$
City	State	Zip Gode	Date [MM/DD/YYYY] \$
Employer Name			Occupation.
Employer Mailing Address / Principal Place of Business		Bedrifferen ja kan saar 18 desem kokunsus saaran saaran saaran saaran saaran saaran saaran saaran saaran saara	
Full Name of Contributor			Date [MM/DD/YYYY] S
House # Street Ad	dress	-	Date [MIN/DD/YYYY] 5
City	State	Zip Gode	Date [MM/DD/YYYY] 5
Employer Name Employer Mailing Address /			Occupation
Principal Place of Business Full Name of Contributor		<u>ar langing pangganan and personal regions of the second and a second and the sec</u>	
	·		Date [MM//DD/XYVY] \$
House# Street Add			Pate [MM/DD/YYXY] \$
City	State	Zip Codě	Date [MM/,DD/YYYY) \$
Employer Name Employer Mailing Address /			(9ccupation
Principal Place of Business Full Name of Contributor		and the second of the second o	
			Date [MM/DD/XYYY] \$
House# Street Add		_	Date [MM/DD/YYYY] \$
Gity S	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address /		and the second s	Occupation

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 dentification Num	per:			
Full Name				
	Table to the same of the same		***************************************	
House #	Street Address		_	
City		State	Žip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/AYYY] \$
Receipt Description				
	7/222	.		
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name			-	
House #	Street Address	· ** · ** · ·	.	
City		State	Zip.	Date [MM/DD/\\\)
			Code	
Receipt Description	49			
Full Name			<u></u>	
	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name			The second of th	
House #	Street Address			· · · · · · · · · · · · · · · · · · ·
City		State.	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
versibiliou		···		

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			e garren e e e e e e e e e e e e e e e e e e	1	
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VAL	UE OF \$50.00 OR LESS	PER CONTRIBUTOR	ente de particulações e estado	
TOTAL for the reporting period	(1)	\$	25.00		2000 or grant
2. IN:KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO \$250.00 (FROM P)	ART F)		
TOTAL for the reporting period	(2)	\$			
3. IN-KIND CONTRIBUTION RECE	IVED VALUE OVER \$250	OD (FROM PART G)			
TOTAL for the reporting period	(3)	\$			
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		1 ' 1	25.00		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Stree	et Address		Date [MM/DD/YYYY] \$	
Chy	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	1			·
Full Name of Contributor			Date MM/DD/YYYY) 5	
House# Stree	et Address		Date [MM/DD/YYYY] \$	
	NACCE AND	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	1.			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	et 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 # Stree	et Address		Date [MM/DD/YYYY] \$	
City		Zip Code	Date [MM/DD/YYYY] S	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] S	
House'#. Street	et Address		:Date:[MM/DD/YYYY] =\$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution			158350	

SCHEDULE II Part G

In-Kind Contributions Received

			VALUE OVER \$250	
Filer Identification	Number:			
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City	Total Market Control of the Control	State	.Zip Code	Date [MM/DD/YYYY] \$
Employer Name			•	Occupation
Employer Mailin Place of Business	g Address / Principal	1		Description of Contribution
Full Name of Con	tributor		Market Market Control of the Control	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	OUL MANUFACTURE COME FOR THE STATE OF THE ST	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Place of Business	g Address / Principal			Description of Contribution of
Full Name of Con				Date [MM/DD/YYYY] \$
House #	Street Address	1.45 <u>2.475</u> 266.485556.	Nemandentskus und senal	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Place of Business	g Address / Principal			Description of Contribution
Full Name of Con				Date [MM/DD/YYYY] \$
House #	Street Address	From progress and	bana are salar caracal	Date [MM/DD/YYYY] \$
City Employer Name		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Place of Business	3 Address / Principal			Description of Contribution

Statement of Expenditures

A TANK THE PARTY OF THE PARTY O	· 大学 · · · · · · · · · · · · · · · · · ·	·
: Erlar Indh	titication filling	1071
THEIMEN	tification Num	Acres 100
THE RESERVE OF THE PARTY OF THE		200
THE RESERVE THE PARTY.		

To Whom Paid U.S. Postal Service	Date [MM/DD/YYYY] \$ 01/24/2024 70.00
House # Street Address P.O. Box Fee Payment	Description of Expenditure
City Fairview State PA Zip Code 16415	Payment for campaign Mail box
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address D. S. Postal Service	02/07/2024 2.00 Description of Expenditure
P.O. BOX FEE PAYMEN	
City FATRUIEW State PA Code 16415	BALANCE OF Mailbox fee
To Whom Paid	Date [MM/DD/YYYY] \$
Polish Falcons West #610	03/15/2024 100.00
House# 431 Street Address EAST Third Street	Description of Expenditure
City Erie State PA Code 16507	DYNGUS DAY AD
I FO Whom Paid	Date [MM/DD/YYYY] \$
7roika Festival	03/26/2024 50.00
House# 109 Street Address German Street	Description of Expenditure
City State Zip	Russian Fest Ad
Erie PA Code 16507	RUSSIA I PESI 140
To Whom Paid	SAME OF THE RESIDENCE OF THE PROPERTY OF THE P
For - Countrial CIC	Date [MM/DD/YYYY] \$
Eric-Crawford CLC	05/07/2024 100,00
House # 32 Street Address West 8th St, #502	1000
Eric-Crawford CLC	Description of Expenditure Ticket and ad in Drogram
House# 32 Street Address West 8th St, #502 Gity Erie State PA Gode 16501 To.Whom Paid	Description of Expenditure Tichet and ad in program Scholorship event
Evic-Crawford CLC House # 32 Street Address West 8th St, #502 City Erie State PA Code 16501 To Whom Paid Eric Police Golf Tournament	Description of Expenditure Tichet and ad in program Scholorship event Date [MIM/DD/YYYY] \$ 350.00
House # 32 Street Address West 8th St, #502 Gity Erie State PA Zip Gode 16501 To Whom Paid Eric Police Golf Tournament House # Street Address P.O. Box 10382	Date [MM/DD/YYYY] \$
Evic-Crawford CLC House # 32 Street Address West 8th St, #502 Gity Evic Palice Golf Tournament House # Street Address P.O. Box 10382 Gity State D. Zip	Description of Expenditure Tichet and ad in program Scholorship event Date [MIM/DD/YYYY] \$ 350.00
House # 32 Street Address West 8th St, #502 Gity Erie State PA Gode 16501 To Whom Paid Eric Police Golf Tournament House # Street Address P.O. Box 10382 City Erie State PA Gode 16514	Description of Expenditure Ticket and ad in program Scholush: pevent Date [MM/DD/YYYY] \$ 350.00 Description of Expenditure Hole Sponsorship Date [MM/DD/YYYY] \$
House # 32 Street Address West 8th St, #502 Gity Erie State PA Gode 16501 To Whom Paid Erice Police Golf Tournament House # Street Address P.O. Box 10382 Gity Erie PA Gode 16514 To Whom Paid PATRICK J. Di Paolo Mem. Scholarship	Description of Expenditure Tichet and ad in program Scholowship event Date [MM/DD/YYYY] \$ 350.00 Description of Expenditure Hole Sponsorship Date [MM/DD/YYYY] \$ 100.00
Eric-Crawford CLC House # 32 Street Address West 8th St, #502 Gity Erie State PA Gode 16501 To Whom Paid Eric Police Golf Tournament House # Street Address P.O. Box 10382 Gity Erie PA Gode 16514 To Whom Paid PATRICK J. Di Paolo Mem. Scholarship	Description of Expenditure Ticket and ad in program Scholush: pevent Date [MM/DD/YYYY] \$ 350.00 Description of Expenditure Hole Sponsorship Date [MM/DD/YYYY] \$
Eric-Crawford CLC House # 32 Street Address West 8th St, #502 City Erie State PA Gode 16501 To.Whom Paid Eric Police Golf Tournament House # Street Address P.O. Box 10382 City Erie State PA Gode 16514 To.Whom Paid PATRICK J. Di Paolo Mem. Scholarship House # Street Address P.O. Box 3073 City State D. Box 3073	Description of Expenditure Tichet and ad in program Scholowship event Date [MM/DD/YYYY] \$ 350.00 Description of Expenditure Hole Sponsorship Date [MM/DD/YYYY] \$ 100.00
Eric-Crawford CLC House# 32 Street Address West 8th St, #502 Gity Erie PA Gode 16501 To Whom Paid Eric Police Golf Tournament House# Street Address P.O. Box 10382 Gity Erie State PA Gode 16514 To Whom Paid PATRICK J. Di Paolo Mem. Scholarship House# Street Address P.O. Box 3073 Gity Erie State PA Gode 16508 Gity Erie State PA Gode 16508	Description of Expenditure Ticket and ad in program Scholowship event Date [MM/DD/YYYY] \$ OS/07/2024 350,00 Description of Expenditure Hole Sponsorship Date [MM/DD/YYYY] \$ OS/07/2024 100,00 Description of Expenditure Hole Sponsorship Date [MM/DD/YYYY] \$ OS/07/2024 100,00 Description of Expenditure
Eric-Crawford CLC House # 32 Street Address West 8th St, #502 City Erie PA Code 16501 To. Whom Paid Eric Police Golf Tournament House # Street Address P.O. Box 10382 City Erie PA Code 16514 To. Whom Paid PATRICK J. Di Paolo Mem. Scholarship House # Street Address P.O. Box 3073 City Erie PA Code 16508 To. Whom Paid Swanson Memorial FOP Lodge 48	Description of Expenditure Ticket and ad in program Scholoship event Date [MM/DD/YYYY] 5 OS/07/2024 350,00 Description of Expenditure Hole Sponsorship Date [MM/DD/YYYY] 5 OS/07/2024 100,00 Description of Expenditure
Eric-Crawford CLC House# 32 Street Address West 8th St, #502 Gity Erie PA Gode 16501 To Whom Paid Eric Police Golf Tournament House# Street Address P.O. Box 10382 Gity Erie State PA Gode 16514 To Whom Paid PATRICK J. Di Paolo Mem. Scholarship House# Street Address P.O. Box 3073 Gity Erie State PA Gode 16508 Gity Erie State PA Gode 16508	Description of Expenditure Ticket and ad in program Scholowship event Date [MM/DD/YYYY] \$ OS/07/2024 350,00 Description of Expenditure Hole Sponsorship Date [MM/DD/YYYY] \$ OS/07/2024 100,00 Description of Expenditure Hole Sponsorship Date [MM/DD/YYYY] \$ OS/07/2024 100,00 Description of Expenditure

schedule III Statement of Expenditures

Fileridentification:Number

House 1 1518 Street Address Walnut Street To Whom Paid St. Paul Italian Fest To Whom Paid St. James Ame Church Giv Erie State PA To Whom Paid St. James Ame Church Giv Erie State PA To Whom Paid St. James Ame Church Giv Erie State PA To Whom Paid St. James Ame Church Giv Erie State PA To Whom Paid Street Address Fest Wal Bassuret State PA To Whom Paid Mill creek 4th of July Parade Giv Erie To Whom Paid Mill creek 4th of July Parade Giv Erie To Whom Paid House 1 3608 Street Address West 2th Street To Whom Paid
To Whom Paid St. Paul Italian Fest Description of Expension Street Address West 17th Street City Erie State PA Code Losuz State PA Code Losuz Description of Expension State PA Code Losuz Losuz
To Whom Paid St. Paul Italian Fest Description of Expension Street Address West 17th Street City Erie State PA Code Losuz State PA Code Losuz Description of Expension State PA Code Losuz Losuz
St. Paul Italian Fest 05/28/2021 100.00 House # U35 Street Address West 17th Street City Erie State PA cour 16502 Festival Basket To Whom Paid Street Address East 11th Street City Erie State PA code 16503 Program Add To Whom Paid Mill creek 4th of July Parade 06/24/2024 40.00 House # 3608 Street Address West 26th Street City Erie State PA code 16508 Parade Description of Expenditure To Whom Paid Mill creek 4th of July Parade Description of Expenditure To Whom Paid Holy Trinity Zabawa 07/1/5/2024 100.00 House # 2220 Street Address Reed Street Description of Expenditure
House # 435 Street Address West 17th Street Description of Experditure Fire State PA Edd 16502 Festival Basket Sponsor To Whom Paid Street Address East 11th Street Description of Expenditure Gity Erie State PA Code 16503 Program Add To Whom Paid Mill Creek 4th of July PARADE Description of Expenditure Gity Erie State PA Code 16503 Program Add Mill Creek 4th of July PARADE Description of Expenditure Gity Erie State PA Code 16506 PARADE ENTRY Fee To Whom Paid Holy Trinity Zabawa C711512024 100.00 House # 2220 Street Address Reed Street Description of Expenditure
St. James Ame Church Obsciption of Expenditure Bast 11th Street City Ene State PA Code 16503 Program Ad To Whom Paid Mill creek 4th of July PARADE Obscription of Expenditure City Ene State PA Code 16503 Program Ad Date Mill creek 4th of July PARADE Obscription of Expenditure City Ene State PA Code 16506 PARADE ENTRY Fee To Whom Paid Holy Trinity Zabawa Description of Expenditure House # 2220 Street Address Reed Street Description of Expenditure
St James Ame Church Object MM/DD/YYM S 150.00 House # 236 Street Address East 11th Street Description of Expenditure State PA Zip Code 16503 Program Ad To Whom Paid Mill Creek 4th of July PARADE Object Address West 2th Street Gity Erie State PA Zip Code 16503 Program Ad To Whom Paid Mill Creek 4th of July PARADE Object MM/DD/MYM S 40.00 House # 3608 Street Address West 2th Street Gity Erie State PA Zip Code 16506 PARADE ENTRY Fee To Whom Paid Holy Trinity Zabawa O7/15/2024 100.00 House # 2220 Street Address Reed Street Description of Expenditure
House # 236 Street Address East 11th Street Description of Expenditure State PA Zip Code 16503 Program Ad To-Whom Paid Mill Creek 4th of July PARADE OG 124/2024 40.00 House # 3608 Street Address West 26th Street Gity Ene State PA Zip Code 16506 PARADE ENTRY Fee To-Whom Paid Holy Trinity Zabawa 07/15/2024 100.00 House # 2220 Street Address Reed Street Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure
To Whom Paid Mill Creek 4th of July Parade O6/124/2024 40.00 House # 3608 Street Address West 2th Street Description of Experiditure City Ene PA Zip Code 16506 PARADE ENTRY Fee To Whom Paid Holy Trinity Zabawa Date [Mill/DD/WYY] & 100.00 House # 2220 Street Address Reed Street Description of Experiditure
Mill creek 4th of July Parade Date [MM/DD/MW] \$ 40.00 House # 3608 Street Address West 26th Street Gity Ene State PA Zip Code 16506 PARADE ENTRY Fee To Whom Paid Holy Trinity Zabawa Description of Expenditure Date [MM/DD/WW] \$ 100.00 House # 2220 Street Address Reed Street Description of Expenditure Description of Expenditure Description of Expenditure
House # 3608 Street Address West 26th Street City Ene State PA Zip Gode: 16506 PARADE ENTRY Fee To-Whom Paid Holy Trinity Zabawa 07/15/2029 100.00 House # 2220 Street Address Reed Street Description of Expenditure Description of Expenditure
Ene State PA Zip Code 16506 PARADE ENTRY Fee To-Whom Paid Holy Trinity Zabawa 07/15/2029 100.00 House # 2220 Street Address Reed Street Description of Expenditure
House # 2220 Street Address Reed Street Date [MIV/DD/WW] \$ 100.00
House# 2220 Street Address Reed Street Description of Expenditure
GIBY Erie State PA Gode 16503 Adin Festival Program
WALMART Date [MIV/DB/MYVV] 5 93,81
House# 5350 Street Address West Ridge Road Description of Expenditure
Erie PA Gode 16506 PARADE CANDY
Erie Irish Festival Date [MM/DD/YYYM] \$ 175,00
House# 130 Street Address East 4th Street Description of Expenditure
City Erie State PA Zip 16507 Program Ad
Polish FALCONS NEST 610 Date [MM/DD/MM] \$ 75,00
House # 431 Street Address East 3rd Street Bescription of Expenditure Description of Expenditure
Erie State PA Gode 16507 Golf Hole Sponsor

Statement of Expenditures

Filer identification Number:

Erie County Law Foundation	08/10/2024 250.00
House# 429 Street Address West 6th Street	Description of Expenditure
Gity Erie State PA Gode 16507	SPONSOR BOCCE FUNDRAISER
MERCY CENTER FOR WOMEN	Date [MM/DD/VYY] \$ /00.00
House# 1039 Street Address East 27th Street	Description of Expenditure
Erie State PA Zip Code 16504	Admission to charity
Fine Wine + Good Spirits 2516	Date [MM/DD/YYYY] S 33.69
House# 3702 Street Address Liberty Street	Description of Expenditure
Erie PA code 16508	ITEMS FOR RAFFLE BASKET
Home Goods U#150	Date [MM/DD/AYYY] \$ 12.70
House# 2088 Street Address INTERCHANGE BLVD	
City ERIE State PA Zip Code 16565	ITEMS FOR RAFFLE BASKET
To Whom Paid TJ MAXX	Date [MIN/DD/YWY] \$ 10,59
House # 2070 Street Address INTERCHANGE ROAD	Description of Expenditure
City ERIE State PA Zip Gode 16565	Item for Kaffle BASKET
MARS HALLS	08/05/2024 16.96
House # 67/0 Street Address PEACH STREET	Description of Expenditure
GIV ERIE State PA Gode 16509	ITEM FOR RAFFLE BASKET
TO Whom Paid I VIES ON THE LAKE FOUNDATION	Date (MM/DD/YYYY) 8 09/15/2024 50.00
House# Street Address P. O. Box 10510	Description of Expenditure
City Erie State PA Code 16514	Program Ad
To Whom Paid Friends of Steve Oler	Date [MM/DD/XYXV] \$ 25.00
House# 991 Street Address Bonnie Brae Pr	Description of Expenditure EVENT TICKCH

schedule III Statement of Expenditures

erileridentification Number

Fig Whom Paid.	Date (MM/DD/AYAM)
House# StreetAddress Cl	OI 3 (12024 S. OO
100 Liberry Street	CERTAIN CONTROL OF THE PROPERTY OF THE PROPERT
WARREN 16365	BANK Fee
To Whom Paid North west	Date [MM/DD/XXXII] \$5 62/29/2024 5,00
House # 107) Street Address Liberty Street	Description: of Expenditures
City NANGEN State PA Code 16365	Bully Con
To Whom Paid A L	Date [MM/DD/WYY] &
House # Street Address (C)	03/29/2021 5.00 Description of Expenditure
Liberty Street	
WARREN MA Gode 16365	BANK-Fee
To Whom Paids Northwest	Date [MM/Did/YYYY] \$ O9/30/2024 5,00
House # 100 Street Address Liberty Street	Description of Expenditure
GIS WARREN State PA Goode 16365	BANK Fee
TOWNOM Paid	Date MM/DD/WWI \$5
Morthwest House* Sincer Address / 11 2	05/31/2024 5.00 Description of Expenditure
City Street State Out Zips	
WARREN PA Godes 16365	BANK FEE
Northwest	06/28/2024 5.00
House 100 Street Address Liberty Street	Description of Expenditure
WARREN STATE PA COME 16365	BANK Fee
Townsmipaid Northwest	Date (MM/DD/YYYY)
House # 100 street Address Liberty Street.	07/3/2024 5.00 Description of Expenditure
State State	Paris Con
WARREN PA' Gode 16365	BANK FEE
House # I on Street Address 1 1	08/30/2027 5.00 Description of Expenditure
100 Liberty Street	
Warren PA Gode 16365	BANK Fee

SCHEDULE III Statement of Expenditures

File identification Number

10-Whompaids Northwest	09/30/2024 5.00
House# 100 Street Address Liberty Street	Description of Expenditure 3
OUT WARREN State PA Zip Gode 16365	
Gen City Lodge	16/14/2024 50.00
House # 2517 Street Address Ash Street	Description of Expenditure
Grive Erie PA code 16503	Program Ad
To Whom Paid Northwest	Date [MM/DD/YYW] \$ 5.00
House # 100 Street Address Liberty Street	Description of Expenditure
City WAKNEN State PA Code 16365	
Morthvest	Date [MIM/DD/YYYY] \$ 5,00
House # 100 Street Address Liberty Street	Description of Expenditure
Gity WARREN State PA' code. 16365	BANK Fee
To Whom Paid Northwest	Date [MINI/DD/NYN] \$ 5,00
House W 100 Street Address Liberty Street	Description of Expenditure
WARREN: State PA Gode 16365	BANK Fee
#ro:Whom:Paid	Date [MW/DD/YYYY] \$
House# Street Address	Description of Expenditure
Gify State Zip Godes	
to Whom Raid	Date [MM/DD/WWY] S
House # Street Address	Description of Expenditure
Gity Zip Code	
To Whom Paid	Date (MM/DD/YYYW) \$.
House# Street Address	Description of Expenditure
Ciby 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 Num	ber:		
Name of Creditor House #	Stree	et Address DATE DEBT INCURRED [MIM/DD/YYYY]	Outstanding Balance of Debt \$
City Description of Debt		State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House#	Stree	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt		State Zip Gode	
Name of Greditor		I. non-constant of the contract of the contrac	Outstanding Balance of Debt
House:#	Stree	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt		State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Stree	et Address DATE DEBT INCURRED [IMM/DD/YYYY]	5.
City Description of Debt		State Zip Gode	
Name of Creditor			Outstanding Balance of Debt
	Street	et Address DATE DEBT:INCURRED [MM/DD/YYYY]	5
City Description of Debt		State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Streel	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City.		State Zip Code	
Description of Debt			(SET-PAS)