



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	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist				
Name of Filing Committee, Candidate or Lobbyist		Friends of Marcus Jacobs PAC						
Street Address		2517 Bird Drive						
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 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)		05/20/25	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				
		01/01/2025	05/05/2025					
A. Amount Brought Forward From Last Report		\$	0	2025 MAY -6 PM 2:03 ERIE COUNTY VOTER REGISTRATION				
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	2750					
C. Total Funds Available (Sum of Lines A and B)		\$	2750					
D. Total Expenditures (From Schedule III)		\$	2131.63					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	618.37					
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0					
G. Unpaid Debts and Obligations (From Schedule IV)		\$	2000					
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 or paper, 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.								
Commonwealth of Pennsylvania - Notary Public Lauren E. Thayer, Notary Public Erie County My commission expires December 20, 2028 Commission number 1455865 Member, Pennsylvania Association of Notaries								
Signature of Person Submitting report Sandra L. Morrow								
Printed Name Sandra L. Morrow								
Area Code 814								
Daytime Telephone Number 651-1152								
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								
6 day of May 20, 25								
Lauren E Thayer								
Signature								
My Commission expires 12-20-2028								
MO. DAY YR.								
Commonwealth of Pennsylvania - Notary Public Lauren E. Thayer, Notary Public Erie County My commission expires December 20, 2028 Commission number 1455865 Member, Pennsylvania Association of Notaries								
Signature of Candidate Marcus Jacobs								
Printed Name Marcus Jacobs								
Area Code 812								
Daytime Telephone Number 969 8731								

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)	\$ 50
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)			\$ 0
All Other Contributions (Part B)			\$ 700
Total for the reporting period		(2)	\$ 700
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)			\$ 0
All Other Contributions (Part D)			\$ 0
Total for the reporting period		(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$ 0
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>			\$ 750

### Contributions Received From Political Committees

**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.)

Filer Identification Number:									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Marcus Jacobs						04/02/2025		\$	100
House #	2517	Street Address				Bird Drive		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Dusckas Funeral & Cremation Services Inc						04/03/2025		\$	100
House #	2607	Street Address				Buffalo Road		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Regina Julius						04/16/2025		\$	100
House #	2914	Street Address				Woodlawn Ave		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Nancy Mindek						04/11/2025		\$	100
House #	4913	Street Address				Koehler Road		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Sandra and Ronald Morrow						04/17/2025		\$	100
House #	3215	Street Address				Francis Street		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Doris Cipolla								\$	100
House #	8640	Street Address				E Lake Road		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16511	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]		\$	100
Sergio Garnica & Maria Saldana					05/01/2025			
House #	9403	Street Address	Station Road		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16510		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: <span style="border: 1px solid black; display: inline-block; width: 650px; height: 20px; vertical-align: middle;"></span>									
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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]		\$	
Marcus Jacobs				04/03/2025		\$	2000
House #	Street Address		Date [MM/DD/YYYY]		\$		
257	Bird Dr				\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Eriz	PA	16510			\$		
Employer Name				Occupation			
Westleyville Borough				Manager			
Employer Mailing Address / Principal Place of Business							
3421 Buffalo Road, Eriz, PA, 16510							
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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<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:	
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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

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: Copy King					Date [MM/DD/YYYY]: 04/09/2025		\$ 98.06	
House #: 1162		Street Address: W 8th Street			Description of Expenditure:			
City: Erie		State: PA		Zip Code: 16502		500 Flyers		
To Whom Paid: Copy King					Date [MM/DD/YYYY]: 04/23/2025		\$ 291.50	
House #: 1162		Street Address: W 8th Street			Description of Expenditure:			
City: Erie		State: PA		Zip Code: 16502		1000 Flyers and 10 Yards signs		
To Whom Paid: McCarty Printing					Date [MM/DD/YYYY]: 04/24/2025		\$ 375	
House #: 246		Street Address: E 7th Street			Description of Expenditure:			
City: Erie		State: PA		Zip Code: 16503		Batch 1 - Mailers - Printing Exp		
To Whom Paid: LV Print Center LLC					Date [MM/DD/YYYY]: 04/18/2025		\$ 540.60	
House #: 1701		Street Address: Union Boulevard			Description of Expenditure:			
City: Allentown		State: PA		Zip Code: 18109		100 Yard Signs - Printing		
To Whom Paid: LV Print Center LLC					Date [MM/DD/YYYY]: 04/30/2025		\$ 73.23	
House #: 1701		Street Address: Union Boulevard			Description of Expenditure:			
City: Allentown		State: PA		Zip Code: 18109		Postage Yard Signs		
To Whom Paid: McCarty Printing					Date [MM/DD/YYYY]: 05/02/2025		\$ 375	
House #: 246		Street Address: E 7th Street			Description of Expenditure:			
City: Erie		State: PA		Zip Code: 16503		Batch 2 - Mailers - Printing Exp		
To Whom Paid: McCarty Printing					Date [MM/DD/YYYY]: 05/02/2025		\$ 379.24	
House #: 246		Street Address: E 7th Street			Description of Expenditure:			
City: Erie		State: PA		Zip Code: 16503		Batch 2 - Postage		
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:	
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Name of Creditor		Marcus Jacobs				Outstanding Balance of Debt	
House #	2517	Street Address	Bird Drive		DATE DEBT INCURRED [MM/DD/YYYY]		\$
				04/03/2025			
City	Erie		State	PA	Zip Code	16510	2000
Description of Debt		Forgivable loan from candidate for startup expenses.					

  

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							