Commonwealth of Pennsylvania - Campaign Finance Report

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

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	Filer Identifica Number	tion 30	6-47509048	-	port Filed i lark X)	Ву	Candid	ate		Com	nittee	1		X	Lobi	yist	
1	Name of Filing Lobbyist	Committee, C	andidate or	Con	Committee to Elect Jack Lee												
-	Street Address				8620 Honeysuckle Drive												
-	City Erie						State	PA		Zip Co	ip Code 16509-5069		0				
										4		1000.	3-300;	<i>3</i>			
		(Place x under					<u>.</u>										
	L- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	y 3-30 Day Post Primary		Tuesday Election		2 nd Friday 2- Election		ay Post n	7- An	nual	_	ial 2''' Electic	' Friday on		ial 30 -Electi	•
┢						-			7		<u> </u>				ļ	1	
L				اے	<u></u>												
	Date Of Electic MM/DD/YYY		5-40-203 -5- 5-2025,	>Yea	HT .		2025	Amend Report			1	Term Repo	tinatio	on .			
L		<u> </u>	シ タス	-				Report			<u>. </u>	I					
	Summary of Re Expenditures	eceipts and	From Date	? *	To Date	e					For	Office I	Use O	nly			
ľ	:xpenditures		2-18-20 1-1-2025	75	5	-5-20	25	l									
1	A. Amount Bro	ught Forward	From Last Report		\$	59.3	9										
	the second second	-	ons and Receipts	+:	\$	5600.	00							<	~		
	From Schedul . Total Funds			4	s			l						VOTEN RE	125		
	Sum of Lines A				· 5	5659.	39								3	: :	
). Total Expen			1	\$ 2155.51				OTER REGI								
	From Schedule . Ending Cash			\$			# # # # # # # # # # # # # # # # # # #										
	_	D from Line C)		'	3503.88												
7		ind Contributi	ons Received	:	\$ 3503.88												
	From Schedul 3. Unpaid Deb	ts and Obligati	ons	-	S C												
	From Scheduk					0.00)					•		tare.	* Š		
-	art 1. If this is a	Committee rose	rt, treasurer sign he	16	this is a Con		Affidavit Se										
H	swear (or affirm) that this report	, including the attac	hed s	chedules or	pape	er, is to the	best of pay	knowled	ge and b	elief tr	ue, corr	ect and	d complet	e.		
Ł		scribed before n						///	1	/	1	Ì		•			
l.	<i>7_H</i> _day of	MAY	20 <i>2</i> 75		• 1			NI	Nia	ell	Ă,	W			_		
1/	Dannoi	m Gil	ni		<u> </u>		De	Si enise A. Lo	ignature d ee	of Person	Sybm	itting re	port				
-	July	Signature			_ [- 	Printe	d Nam	e			—		
1	y Commission e	expires 4	1 20	27	,		81	14			882-	8107					
		MO.	DAY YR.	•			-	rea Code			Day	time Te	lephon	ne Numbe	r		
F	art II- If this is a	report of a Candi	idate's Authorized (omm	i ttee, candi	idate	shall sign he	ere.					~~~~				
Ī	swear (or affirm) that to the best	of my knowledge a	nd be	lief this poli	itical	committee	has not vio	lated any	provisio	ns of t	he Act o	of June	3, 1937 (P.L. 133	3, NO.3	320) as
ľ	mended.																
S	worn to and sub	scribed before m	ne this				0		7	γ	.	١		0			
	<i>711</i> + day of	yray	20_ <i>_25</i>		1		\geq	Jac	<u> </u>	<u> </u>	(<u>st</u>	<u></u>	7	Δ,		
Y) LOLARON	In rub	ni				(_	ノ ck F. Lee.		ature of	Candid	late		\bigcup			
۴	77	Signature					.40	<u> </u>	·····	Printed N	łame						
K	ly Commission e	expires 4	1 202	7	• •		81	4			823-9	940					
		MO.	DAY YR.	, -			A	rea Code		•	Dayti	me Tele	phone	Number			ļ

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

		_
Filer Identification Number		
***************************************	36-47509048	
	30-47 30-90-40	
and the second s		

Total for the reporting period (1)	\$	50.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	!	
Contributions Received from Political Committees (Part A)	\$	750.00
All Other Contributions (Part B)	\$	200.00
Total for the reporting period (2)	\$	1000.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	5	
	\$	2600.00
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)	\$	2600.00 2000.00
	\$	
All Other Contributions (Part D)		2000.00
All Other Contributions (Part D) Total for the reporting period (3)		2000.00

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

				36-475	09048	3						
												Amount
Full Na Comm		of Contribu	ting							Date [MM/DD/YYYY]	\$	050.00
Comm	iittee			Foust f	for Co	ntroller				01/28/2025		250,00
House		4004	Street /	Address						Date [MM/DD/YYYY]	\$	
		4331			Nept	une Driv	ve					
City	T		i		<u>'</u>	State	Ι	Zip Code	T	Date [MM/DD/YYYY]	\$	
	Erie						PA	<u> </u>	16506]	
		of Contribu	ting						ř	Date [MM/DD/YYYY]	\$	
Comm	ittee	2		Brickla	yers a	ind Allie	ed Craftwor	rkers Local 9		04/02/2025		250.00
House			Street	Address						Date [MM/DD/YYYY]	\$	
		100			Kings	ston Dri	ve				1	
City	T				I	State		Zip Code	-	Date [MM/DD/YYYY]	\$	
	Pitt	sburgh					PA		15235		1	
		of Contribu	ting							Date [MM/DD/YYYY]	\$	
Commi	ittee	1		Great L	.akes	Building	Trades a	nd Construction	n Councif	04/18/2025		250.00
House			Street /	Address	Γ	-		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
	۱ ا	581			РО В	ox					1	·
City	┯┵					State	<u> </u>	Zip Code	T	Date [MM/DD/YYYY]	\$	
	Erie	•					PA		16512			
		of Contribu	ing				····		-1	Date [MM/DD/YYYY]	\$	
Commi	ittee	1	•									
House	#		Street A	\ddress						Date [MM/DD/YYYY]	\$	
				.								
City				t		State		Zip Code		Date [MM/DD/YYYY]	\$	
		of Contribut	ing							Date [MM/DD/YYYY]	\$	
Commi	ttee											
House i	#		Street A	ddress	••••					Date [MM/DD/YYYY]	\$	
			•	İ								
City				1		State		Zip Code		Date [MM/DD/YYYY]	\$	
						İ						
		f Contribut	ing				'' '			Date [MM/DD/YYYY]	\$	
Commi												
House !	#		Street A	ddress						Date [MM/DD/YYYY]	\$	
City	l-	·			:	State		Zip Code		Date [MM/DD/YYYY]	\$	
İ											}	
					1_				<u> </u>			

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:		
established by Armery	36-47509048	
Additional and some state of	1.	

Full Name of Co	ontributor			Date [MM/DD/YYYY]	S	· · · · · · · · · · · · · · · · · · ·
	Richard Vica	ıry		02/21/2025		100.00
House # 1652	Street Address 0 v	Vest 8th Street		Date [MM/DD/YYYY]	\$	
City Erie		State PA	Zip Code 16505	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor	[2] * [5 5 5]	Reserve to the Property Manager	Date [MM/DD/YYYY]	\$,
	Kevin Ingrah	am		02/27/2025		100.00
House # 8905	Street Address	loneysuckle drive		Date [MM/DD/YYYY]	\$	
City Erie	<u> </u>	State PA	Zip Code 16506	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor		V6.40083 <u>6.868</u>	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	本本等的数	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor		(19) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor	F 585.40.0	Fastur Trestoure A	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	<u>Patrial al Trawor</u>	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:				
[2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	47509048			
1-12 12 12 12 12 12 12 1				

Full Name of	Centrope resido Tempo Colores			Date [MM/DD/YYYY]	\$	
Contributing Con	nmittee Sheet met	al Workers Local# 12	2 PAC	03/07/2025		600.00
House # 1200	Street Address	Gulf Lab Road		Date [MM/DD/YYYY]	\$	
City Pittsburgh	<u> </u>	State PA	Zip Code 15238-1304	Date [MM/DD/YYYY]	\$	
Full Name of		1	1	Date [MM/DD/YYYY]	\$	
Contributing Con	I mittee Local 66 P	AC Club		02/04/2025		1000.00
House # 1111	Street Address	Zeta Drive		Date [MM/DD/YYYY]	\$	
City Pittsburgh	<u> </u>	State PA	Zip Codé 15238-2811	Date [MM/DD/YYYY]	\$	
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Con	mittee FNB Corpo	oration PAC		04/02/2025		500.00
House # 3018	Street Address	Glimacher Blvd		Date [MM/DD/YYYY]	\$	
City Hermitage	Para galisti (se esc	State PA	Zip Code 16148-3343	Date [MM/DD/YYYY]	\$	
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Con	imittee Eastern At	lantic States Regiona	al Council of carpenters	04/18/2025		500.00
House # 3300	Street Address	S. Whte Horse Pike	3	Date [MM/DD/YYYY]	\$	
City Mullica Tv	vp.	State NJ	Zip Code 08037	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Com	mittee	to account of	Lat. # Congression (1)	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$,
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Strong district		E. C. & P. P.		1	1.0	

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)

met and decreased a second control of	_
Filer Identification Number:	
[25] [25] [25] [25] [25] [26] [26] [26] [26] [27] [27] [27] [27] [27] [27] [27] [27	

Full Name of Contributor		Date [MM/DD/YYYY] \$
Gregory Ru	bino	03/19/2025 500.00
House # Street Address		Date [MM/DD/YYYY] \$
4832	Nolf Road	
City Erie	State PA Zip Code 16505	Date [MM/DD/YYYY] \$
Employer Name	7	Occupation
Employer Mailing Address / Principal Place of Business		Programme and the second secon
Full Name of Contributor		Date [MM/DD/YYYY] \$
Jason Porre	co	02/21/2025
House # Street Address		Date [MM/DD/YYYY] \$
4350	Millfair Road	
City	State Zip Code	Date [MM/DD/YYYY] \$
Fairview	PA 16415	
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
Joseph Pale	ermo	04/29/2025 500.00
House # Street Address		Date [MM/DD/YYYY] \$
4226 p	Prestwick Drive	
City Erie	State PA Zip Code 16506	Date [MM/DD/YYYY] \$
Employer Name	[e+750-4x-1] [e+750-4x-+5x-1]	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	. 1. 25 A 2 3 1	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	36-47509048			
Full Name			"	
	treet Address			
Gity		State	Zip	Date (MM/DD/YYYY) \$
			Code	
Receipt Description		postario de conse	Service Services and Services	Provid
Full Name				
House # Si	treet Address			
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	76	•		
House# Si	treet Address			
City		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description		36, 38		
Full Name	\$ 1			
	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		protection.	SECULIAR SECU	Kozara I
Full Name				,
House # St	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description				
Full Name				
House # St	reet Address		· · · · · · · · · · · · · · · · · · ·	
City	N N N N N N N N N N N N N N N N N N N	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: 36-47509048	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF	FISSO.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$2	250:00 (FROM PART E)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FA	ROM PART G)
TOTAL for the reporting period (3)	I \$
TOTAL for the reporting period (5)	3
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also entities.)	1 · 1
on Page 1, Report Cover Page, Item F)	1C)

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 36-4750	1048	

Full Name of Contribu	utor			Date:[MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution	<u> </u>			
Full Name of Contribu	itor			Date [MM/DD/XYYY]	\$
House #	Street Address			Date [MM/DD/AYYY]	\$
<u></u>		Testa de Origina	BV: 2017/05 2 trough Service CI		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	which	X			
Full Name of Contribu	ttor			Date [MM/DD/YYYY]	\$
			· · · · · · · · · · · · · · · · · · ·		
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S
		June	zip coue		
Description of Contrib	ution			<u> </u>	<u> </u>
Full Name of Contribu	tor			Date [MM/DD/YYYY]	S
				The state of the s	
House #	Street Address			Date [MM/DD/YYYY]	\$
			8-22-28-28-28-38		
City		State	Zip Code	Date [MM/DD/YYYY]	(\$
Description of Contrib	ution				
Full Name of Contribu	to			Date MM/DD/YYYY	\$
				NEED-DAVID	
House #	Street Address			Date [MM/DD/YYYY]	\$
City.		State	Zip Code	Date [MM/DD/XYYY]	\$
Description of Contrib	ution -	500 C C C C C C C C C C C C C C C C C C		<u> </u>	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

(株) (株) (株) (株) (株) (株) (株) (株) (株) (株)		
Filer Identification Number:		
200 Section Color		
36-4750948		
30-4730340		
30-7730340		
Security of the Control of the Contr		

Full Name of Contributor		Date [MM/DD/MYM] \$
House # Street Address		Date [MM/DD/YYYY] \$
Grity	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] S
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

	** ***********************************	
Filer Identification Number:		
[5]。引用各种的特殊基础的工作。第1963年,对40	36-47509048	
	36-47509048	

To Whom Paid	4 Imprint USA				Date [MM/DD/YYYY] \$
en films in the					04/09/2025 240.33
House # 101	Street Address C	commerce	Street		Description of Expenditure
City Oshkosh		State	wı	Zip Code 54901	Pen Hand Outs
To Whom Paid	Staples				Date [MM/DD/YYYY] \$
					04/22/2025 38.63
House # 1924	Street Address K	eystone D	rive		Description of Expenditure
City Erie		State	РА	Zip Code 16509	Office Supplies
To Whom Paid	Printing Concepts I		<u> </u>		Date [MM/DD/YYYY] \$
	-	nc.			05/01/2025 1876.55
House # 4982	Street Address	acific Aven	ue		Description of Expenditure
City Erie		State	PA	Zip Code 16506	Postcards and Shipping
To Whom Paid					Date [MM/DD/YYYY] \$
	a 				
House #	Street Address				Description of Expenditure
City	· · · · · · · · · · · · · · · · · · ·	State		Zip Code	
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City	<u> </u>	State		Zip Code	
To Whom Paid	ă l	North-Section (1)			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	<u> </u>	State		Zip Code	
To Whom Paid		1021 (PA) (1		Proceed 2005 OF	Date [MM/DD/YYYY] \$
House #	Teaming a street				
I TOMOC II	# Street Address		Description of Expenditure		
City	a de la cidade del cidade de la cidade del cidade de la cidade del cidade de la cidade del cidade de la cidade de la cidade del cidade de la cidade de la cidade del cidade 	State		Zip	to Carrie Andrews Construence (Construence Construence
80 Q.J		6.4.5		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: 36-47509048		 		

Name of Creditor			Outstanding Balance of Debt
House #	Stre	DATE DEBT INCURRED [MM/DD/YYYY]	 \$
City		State Zip Code	
Description of Debt			
Name of Creditor	7,		Outstanding Balance of Debt
House:#	Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	S
City		State Zip Code	
Description of Debt		Face and a second secon	Formed
Name of Creditor		And the second s	Outstanding Balance of Debt
House#	Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	
City Description of Debt		State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	l	State Zip Code	
Name of Creditor			Outstanding Balance of Debt
		et Address DATE DEBT INCURRED [IMM/DD/YYYY]	
City Description of Debt		State Zip Code	
Name of Creditor House #	S	et Address DATE DEBT INCURRED	Outstanding Balance of Debt \$
	3116	[MM/DD/YYYY]	
Gty		State Zip Code	94 97 97 97 97 97 97 97 97 97 97 97 97 97
Description of Debt			