

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	36-47509048	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Jack Lee							
Street Address		8620 Honeysuckle Drive							
City	Erie	State	PA	Zip Code	16509-5069				

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)		5-20-2025 5-5-2025 2025	Year		2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date <u>2-10-2025</u> <u>2-10-2025</u>	To Date	For Office Use Only	
		5-5-2025		
A. Amount Brought Forward From Last Report	\$	59.39	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2025 MAY -7 PM 1:30  ERIE COUNTY  VOTER REGISTRATION </div>	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	5600.00		
C. Total Funds Available (Sum of Lines A and B)	\$	5659.39		
D. Total Expenditures (From Schedule III)	\$	2155.51		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3503.88		
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

7<sup>th</sup> day of MAY 20 25  
Regina M. Lubini  
 Signature

Denise A. Lee  
 Signature of Person Submitting report  
 Denise A. Lee  
 Printed Name

My Commission expires 4 1 2027  
 MO. DAY YR.

814 882-8107  
 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

7<sup>th</sup> day of MAY 20 25  
Regina M. Lubini  
 Signature

Jack F. Lee Jr.  
 Signature of Candidate  
 Jack F. Lee, Jr.  
 Printed Name

My Commission expires 4 1 2027  
 MO. DAY YR.

814 823-9940  
 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
 REGINA M. ERBIN - Notary Public  
 Erie County  
 My Commission Expires April 1, 2027  
 Commission Number 1289537

Commonwealth of Pennsylvania - Notary Seal  
 REGINA M. ERBIN - Notary Public  
 Erie County  
 My Commission Expires April 1, 2027  
 Commission Number 1289537

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

<b>Filer Identification Number</b>	36-47509048
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
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Total for the reporting period	(1)	\$	50.00
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
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Contributions Received from Political Committees (Part A)	\$	750.00
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All Other Contributions (Part B)	\$	200.00
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Total for the reporting period	(2)	\$	1000.00
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<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
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Contributions Received from Political Committees (Part C)	\$	2600.00
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All Other Contributions (Part D)	\$	2000.00
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Total for the reporting period	(3)	\$	5600.00
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<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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Total for the reporting period	(4)	\$	5600.00
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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>	\$	
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## 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	36-47509048
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Amount

Full Name of Contributing Committee		Foust for Controller				Date [MM/DD/YYYY]	\$	250.00
						01/28/2025		
House #	4331	Street Address		Neptune Drive		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Bricklayers and Allied Craftworkers Local 9				Date [MM/DD/YYYY]	\$	250.00
						04/02/2025		
House #	100	Street Address		Kingston Drive		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15235	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Great Lakes Building Trades and Construction Council				Date [MM/DD/YYYY]	\$	250.00
						04/18/2025		
House #	581	Street Address		PO Box		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16512	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>	36-47509048
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<b>Full Name of Contributor</b>		Richard Vicary				<b>Date [MM/DD/YYYY]</b>	\$	100.00
						02/21/2025		
<b>House #</b>	16520	<b>Street Address</b>	West 8th Street			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>		Kevin Ingraham				<b>Date [MM/DD/YYYY]</b>	\$	100.00
						02/27/2025		
<b>House #</b>	8905	<b>Street Address</b>	Honeysuckle drive			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</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.

<b>Filer Identification Number:</b>	36-47509048
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<b>Full Name of Contributing Committee</b>		Sheet metal Workers Local# 12 PAC				<b>Date [MM/DD/YYYY]</b>	\$	600.00
						03/07/2025		
<b>House #</b>	1200	<b>Street Address</b>	Gulf Lab Road			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15238-1304	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>		Local 66 PAC Club				<b>Date [MM/DD/YYYY]</b>	\$	1000.00
						02/04/2025		
<b>House #</b>	111	<b>Street Address</b>	Zeta Drive			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15238-2811	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>		FNB Corporation PAC				<b>Date [MM/DD/YYYY]</b>	\$	500.00
						04/02/2025		
<b>House #</b>	3018	<b>Street Address</b>	Glimacher Blvd			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Hermitage	<b>State</b>	PA	<b>Zip Code</b>	16148-3343	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>		Eastern Atlantic States Regional Council of carpenters				<b>Date [MM/DD/YYYY]</b>	\$	500.00
						04/18/2025		
<b>House #</b>	3300	<b>Street Address</b>	S. White Horse Pike			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Mullica Twp.	<b>State</b>	NJ	<b>Zip Code</b>	08037	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

## 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: 36-47509048

Full Name of Contributor		Gregory Rubino				Date [MM/DD/YYYY]	\$	500.00
						03/19/2025		
House #	4832	Street Address		Wolf Road		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		Jason Porreco				Date [MM/DD/YYYY]	\$	1000.00
						02/21/2025		
House #	4350	Street Address		Millfair Road		Date [MM/DD/YYYY]	\$	
City	Fairview	State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		Joseph Palermo				Date [MM/DD/YYYY]	\$	500.00
						04/29/2025		
House #	4226	Street Address		Prestwick Drive		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16506	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:	36-47509048
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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:	36-47509048
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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**

<b>Filer Identification Number:</b>	36-47509048
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number: 36-4750948

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			

## Statement of Expenditures

Filer Identification Number:	36-47509048
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To Whom Paid		4 Imprint USA				Date [MM/DD/YYYY]	\$	240.33
						04/09/2025		
House #	101	Street Address		Commerce Street		Description of Expenditure		
City	Oshkosh	State	WI	Zip Code	54901	Pen Hand Outs		
To Whom Paid		Staples				Date [MM/DD/YYYY]	\$	38.63
						04/22/2025		
House #	1924	Street Address		Keystone Drive		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Office Supplies		
To Whom Paid		Printing Concepts Inc.				Date [MM/DD/YYYY]	\$	1876.55
						05/01/2025		
House #	4982	Street Address		Pacific Avenue		Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Postcards and Shipping		
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	36-47509048
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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							

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