Reset Form

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification Number	36	-4759048	10 St 100 CM	ort Filed E ark X)	ly Candid	ate		Committee		X	Lobbyi	st .	
Name of Filing Com Lobbyist	mittee, Ca	ndidate or	244 - 22	2011 1911 Fig. 1624	Elecy Jack Lee	N. S. O. S.		property of 1821 1921 1	in an againt was the gas	· Z - S	The are lived only	<u></u>	
Street Address			8620) Honeysu	ckle Drive								
City	Erie	<u> </u>			State	PA		Zip Code	16509-50)69			
Type of Report (Plac	e x under i	report type)			L A section sec	•		1				:	
1-6 th Tuesday 2- Pre-Primary Pre	2 nd Friday -Primary	3- 30 Day Post Primary	医性畸胎 建铁矿	Tuesday Election	5- 2 nd Friday Pre- Election	3 新亚35高度2008.71	Post	7-Annual	Special 2 Pre-Elec	nd Friday tion	Special Post-El	7. 2012-097 7	
							YKK.	X			Γ		947 . g
Date Of Election (MM/DD/YYYY)		11-5-2019	Yea	T	2022	Amendme Report	ent		Termina Report	tion			
Summary of Receip Expenditures	ts and	From Date		To Date			(55.4) 1.68.45	For	Office Use	Only			
A. Amount Brought	Forward F	1-1-22 rom Last Report		5	2-31-22							54 (D. 155).	
B. Total Monetary (\$	619.39	1							
(From Schedule I) C. Total Funds Avail				\$	e40.20	1				-			
(Sum of Lines A and D. Total Expenditure	end, a lend of tend of plants		:	5	619.39 300.00								
(From Schedule III) E. Ending Cash Bala	nce		े हैं इस्तर \$	\$									
(Subtract Line D fro F. Value of In-Kind (ns Received			319.39								
(From Schedule II) G. Unpaid Debts an	d Obligatio	ıns		5		ļ							
(From Schedule IV)			2		Affidavit Se	ection			·····			-	Ç
Part 1- If this is a Com					ididate report, c	andidate sign			,			3	룩
I swear (or affirm) that Sworn to and subscribe		_	ched s	chedules or	n paper, is to the	best of my kn	owled	ge and belief to	ue correct	and comple	ete.	Comm	nonwealth of Penns REGINA M ERBIN -
day of	January	2023	_	1	<u></u>	/Ul	Us	of Person Subm	<u>u</u>	-	_	Erie County My Commission Expires Apr 1, 20 Commission Number 1289537	M ERE
Chama The			_	-	Ē	enise A Lee	ature			T		Erie County sion Expires sion Number	SIN - N
_	ature <i>ÿ</i>	1 20	23	. 1	8	14		Printed Nam 882	e -8107		- 1	ty es Apr er 128	Notary Public
My Commission expire	MO.	DAY YR.				Area Code				none Numb	er	1, 2023 19537	Public
Part II- If this is a repor													
I swear (or affirm) that amended.	to the best	of my knowledge a	and be	elief this pol	itical committee	has not violat	ed any	provisions of t	the Act of Ju	ine 3, 1937	(P.L. 1333 <u>).</u>	NO 320	120
Sworn to and subscribe	ed before m	•			6	, ,	(۱ ا	0		Г		<u>.</u>
day of Janu	ary	20 <u></u>	_	. 1	2	Spek	Sim	nature of Candid	late >	}	_ }	₹	R
Signa M	Um	···	-		<u>7</u>	ack F Lee,Jr			nare (ノ	_ \	Commi Commi	REGINA M
J	ature	1 20	23	, 1	8	14		Printed Name 823-9	940			ETIE Ission Ission	¥ ERB
My Commission expire	MO.	DAY YR.			_	Area Code				one Numbe	r l	Commission Expires Commission Number	REGINA M ERBIN - Notary
												12 A	<u>-5</u>
												1, 2023 9537	ublic

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		,
	36-4759048	
Appropriately and profit in the second of the first of the second of the	·	

	11 1	A. 1771
1, Uniternized Contributions and Receipts-\$50,00 or Less per Contributor		
Total for the reporting period (1)	\$ जन पडि. इ.स.
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)	1	\$
Total for the reporting period (:	2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		gympi gympi
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)		
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, Repo Cover Page, Item B)	rt	\$

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.

	36-475	59048			
Softman	valuations as			Projection and the second	Amount .
Full Name of Com Committee	itributing			Date [MM/DD/YYYY]	4 \$
House #	Street Address	5		Date [MM/DD/YYYY]	S
City	page (100 100 100 100 100 100 100 100 100 10	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Con Committee	tributing		4	Date [MM/DD/YYYY]	S
House #	Street Address	\$		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	.
Full Name of Cont Committee	tributing			Date [MM/DD/YYYY]	Š
House #	Street Address	5		Date [MM/DD/YYYY]	\$
City	pageag (AS) (AS) (AS) (AS)	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cont Committee	tributing	garde art	and the second second	Date [MM/DD/YYYY]	
House #	Street Address	(S S S S S S S S S S S S S S S S S S S		Date [MM/DD/YYYY]	\$
City	Posterior Superior of Science	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	tributing	1 400 1346 13	us processors, 2004	Date [MM/DD/YYYY]	\$
louse#	Street Address	S		Date [MM/DD/YYYY]	
ility		State	Zip Code	Date [MM/DD/YYYY]	\$
ull Name of Cont committee	tributing	4 10 7 7 20 10 10 10	p. 10.0000000000000000000000000000000000	Date [MM/DD/YYYY]	
iouse#	Street Address	\$		Date [MM/DD/YYYY]	
ity		State	Zip Code	Date [MM/DD/YYYY]	s
2001		17.00.04.04	The agree of the control of the production of the	1	tanil

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: 36-4759048	

Full Name of Contribu	ltor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$ \$ C
City		State	Zip Code	Date [MM/DD/YYYY]	· ·
	SCHARGE				
Full Name of Contribu	itor.			Date [MM/DD/YYYY]	5.
House #	Street Address			Date [MM/DD/YYYY]	Š
City	[100] 化自然化物 (100] (100]	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu	tor			Date [MM/DD/AWW]	\$.
House #	Street Address	ALERSON SULLEY		Date [MM/DD/YYYY]	\$.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu				Date [MM/DD/YYYY]	
ent of the second					
House #	Street Address			Date [MM/DD/YYYY]	.
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #	Street Address		1	Date [MM/DD/YYYY]	\$
Citý		State	Zip Code	Date [MM/DD/YYYY]	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Full Name of Contribu	tor			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: 36-4759048	

				r	
Full Name of Contributing Committee			Date (MM/DD/YYYY)	\$	
House # Street Address			Date [MM/DD/YYYY]	5	
City	State	Zip Code	Date [MM/DD/YYYY]	•	
Full Name of Contributing Committee	Paragraph Start	(Postson and State of	Date (MM/DD/YYYY)	\$	
House # Street Address			Date [MM/DD/YYYY]	5	
City	State	Zip Code	Date [MM/DD/XYXX]	\$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
House#/ Street Address			Date [MM/DD/YYYY]	5	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee			Date (MM/DD/MM)	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
Gity	State	Zip:Code	Date [MM/DD/XYYY]	§	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
House # Street Address		41-41-41-41-41-41-41-41-41-41-41-41-41-4	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	36-4759048		
Full Name of Contributo	*		Date [MM/DD/YYYY] \$
House #	freet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] S
Employer Name Employer Mailing Addre Principal Place of Busine	ss/		Occupation
Full Name of Contributo	CARDON MACKON CARONING TO A 1/1/2		Date [MM/DD/YYYY] \$
House #	treet Address		Date [MM/DD/YYYY] \$
City	State State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Addre Principal Place of Busine	·ss./-		Occupation
Full Name of Contributo	AND SERVICE OF SERVICE		Date [MM/DD/YYYY] \$
House#	treet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Addre			Occupation
Principal Place of Busine Full Name of Contributo	Software Decision and Control Software 1989		Date [MM/DD/YYYY] \$
House #	reet Address		Date [MM/DD/YYYY] \$

Zip Code

State

City

Employer Name

Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY]

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 iden	6-4759048				

Füll Name					
					- I - I - I - I - I - I - I - I - I - I
House #	Stree	et Address			,
City			State	Zíp Code	Date [MM/DD/YYY) \$
Receipt Description				(金色) (金色	[S愛好]
Full Name					
House#	Stree	et Address			
City			State	Zip Code	Date:[MM/DD/YYYY] \$
Receipt Description					
Full Name					
House#	Stree	et Adaress			
City:		West State of the	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			- Waster		1 (ASS)
Füll Name					,
House #	Stree	et Address			
City.		And the second s	State.	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			150-cm/s/1/20- 2014	TAT TO DESCRIPTION	,
Full Name					
House #	Stree	et Address			
City		Address transport	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			15.002.93546.5.13.20	Passassassas	(5)76%-1
Full Name					
House #	Stree	et Address		, , , , , , , , , , , , , , , , , , , ,	
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			part of and the control		Le Yadas I

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: 36-475	9048			
				SOLUTION IN
UNITEMIZED IN-KIND CONTR TOTAL for the reporting period	(1)	LUE OF \$50:00 OR (ESS)PER (CONTRIBUTOR:	
TOTAL IOI the reporting period	(±)			
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.0	1 TO \$250.00 (EROM PART F		
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250	0.00 (FROM PART G)		10.00
TOTAL for the reporting period	(3)	\$	· · · · · · · · · · · · · · · · · · ·	
TOTAL VALUE OF IN-KIND CONTRIBUTI	ONS DURING THIS REPO	RTING \$		_
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		1'1		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:		F	
19FBERHRERTKIRATION:NUIDDER:2001			
Marie Caracter and			
Filer Identification Number: 36-4759048			1
100-4 (J9U40			
AND PROBLEM TO SEE THE SECOND			
大学的大块型用的影響。	*		

					Ţ	
Full Name of Contribute	or .			Date IMM/DD/YYYY	\$	
House #	treet Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date (MM/DD/XYYY)	\$	·
Description of Contribu	tion	•				
Full Name of Contribute	or .			Date [MM/DD/YYYY]	\$.	
House #	treet Address	,		Date [MM/DD/YYYY]	\$	
City		State	Zip:Code	Date [MM/DD/YYYY)	\$	
Description of Contribu	tion				V. S	
Full Name of Contributo	or			Date [MM/DD/AYXY]	\$:
House # S	treet Address			Date [MM/DD/YYYY]	\$	
City		State:	Zip Code	Date [MM/DD/MMM]	\$	
Description of Contribu	tion					
Full Name of Contribute	or.			Date (MM/OD/AVAY)	\$	
House# s	treet Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY)	\$	
Description of Contribu	tion					
Full Name of Contributo	or .				\$	
House #	treet Address			Date [MM/DD/YYYY]	\$	
City:		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribut	tion					

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Number: 36-4759048	
	J
36-4759048	· ·
	ŀ
(1) (1) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	

Full Name of Contrib	utor			Date [MM/DD/YYYY] S	ž
House #	Street Address			Date:[MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$:
Employer Name				Occupation	
Employer Mailing Ad Place of Business	dress / Principal			Description of	
				Contribution	
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
		· · · · · · · · · · · · · · · · · · ·	With talks, dansage Committee Conf.		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	***************************************
Employer Mailing Ad Place of Business	dress / Principal			Description of	
				Contribution	
のである。 のは日本のは日本のは日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日	TOTAL MARKET SCALE				
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$	
Full Name of Contrib	otor Street Address			Date [MM/DD/YYYY] S Date [MM/DD/YYYY] \$:
		State	Zip Code	The state of the s	
House #		State	Zip Code	Date [MM/DD/YYYY] \$	
House#	Street Address	State	Zip Čodě:	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
House # Gity Employer Name Employer Mailing Add	Street Address dress / Principal	State	Zip Čodě:	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of	
Höuse # City Employer Name Employer Mailing Ad Place of Business Full Name of Contribi	Street Address dress / Principal	State	Zip Code:	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$	
House # City Employer Name Employer Mailing Add Place of Business Full Name of Contribit	Street Address dress / Principal			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
House # Gity Employer Name Employer Mailing Add Place of Business Full Name of Contribution House # Employer Mailing Add Place of Business	Street Address dress / Principal	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
House # City Employer Name Employer Mailing Add Place of Business Full Name of Contribit	dress / Principal Street Address	State		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	

Statement of Expenditures

Filer dentification Number:	
RENER TO CITATION REPORTED TO THE PROPERTY OF	
36-475948	
136-475948	
TREAD CONTROL OF THE PROPERTY	

To Whom Paid	Friends of Bob Mers	ki	•			Date [MM/I 03/26/2	A SOUTH COLUMN TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE STAT	S	50.00
House#	Stroet Address					Description		iture	
	Street Address P. (O. Box 66	7				100	al Arri	
City Erie		State	PA	Zip Code	16512	Contribution			
To Whom Paid	Friends of Bob Mers	લં		٠		Date [MM/0 10/02/2	104.1040.1040.4.	\$	50.00
House #	Street Address P.0	D. Box 66	7			Description	of Expendit	ture	a bar day
City Erie	The Committee of the Co	State	PA	Zip Code	16512	Contribution			
To Whom Paid	Fetterman for PA	• • •				Date [MM/I 10/02/2	Spirit School and Spirit School Spirit Spirit	\$	100.00
House #	Street Address P.C). Box 606	31			Description	of Expendit	ture	
City Pittsburgh		State	PA	Zip Code	15211	Contribution			/ / / / / / /
To Whom Paid	Foust for Controller					Date [MM/I 10/02/2	MANAGEMAN CONTRACTOR CONTRACTOR	\$	50.00
House # 4331	Street Address Ne	otune Driv	re			Description	of Expendit	ure	
City Erie		State	PA	Zip Code	16506	Contribution			
To Whom Paid	Dan Pastore for Con	gress				Date [MM/I	en water returning reter	\$	50.00
House'#	Street Address). Box 857	,			227 13 C 14 C	2022		50.00
House'# City Erie	Street Address). Box 857	, PA	Zip Code	16512	10/02/2 Description Contribution	2022 of Expendit	ture	50.00
House'#	Street Address). Box 857			16512	10/02/2 Description	2022 of Expendit		50.00
House'# City Erie To Whom Paid House #	Street Address	State		Code	16512	10/02/2 Description Contribution	2022 of Expendit	ture S:	50.00
House # City Erie To Whom Paid House #	Street Address P.C). Box 857			16512	Description Contribution Date [MM/I] Description	2022 of Expendit DD/YYYY] of Expendit	s S	50.00
House'# City Erie To Whom Paid House #	Street Address P.C	State		Code	16512	10/02/2 Description Contribution Date [MM/II Description	2022 of Expendit ob/YYYY) of Expendit	S Lure	50.00
House # City Erie To Whom Paid House # City To Whom Paid	Street Address P.C	State		Zip Code	16512	Description Contribution Date [MM/I] Description	2022 of Expendit ob/YYYY) of Expendit	S Lure	50.00
House # City Erie To Whom Paid City City City City City City City City City City City City City City City City City City City	Street Address P.C	State		Code	16512	Description Date [MM/I Date [MM/I Description	2022 of Expendit DD/YYYY) of Expendit DD/YYYY)	s S	50.00
House # City Erie To Whom Paid House # City To Whom Paid	Street Address P.C	State		Zip Code	16512	10/02/2 Description Contribution Date [MM/II Description	2022 of Expendit DD/YYYY) of Expendit DD/YYYY)	S Lure	50.00
House # City Erie To Whom Paid City City City City City City City City City City City City City City City City City City City	Street Address P.C	State		Zip Code	16512	Description Date [MM/I Date [MM/I Description	2022 of Expendit DD/YYYY) of Expendit DD/YYYYY]	sure	50.00

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	Der: 26 4750049			
	36-4759048			<u> </u>
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		E DEBT-INCURRED	
	49		MM/DD/YAYAY	
City		State	Zip	
Description of Debt			Code	
Name of Creditor		1 ************************************		Outstanding Balance of Debt
House#	Street Address		E DEBT INCURRED MM/DD/YYYY)	· ·
City		State	Zip	
			Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		E DEBT INCURRED. MM/DD/YYYY]	\$
				X.
City		State	Zip Code	
Description of Debt	884 185 4 4 5 2 5 6	N. W. Graphy Magnety I		· · · · · · · · · · · · · · · · · · ·
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	R89982566-7605C	E DEBT INCURRED MM/DD/YYYY]	\$
			MUAN NEW TOTAL	
City		State	Zip Code	
Description of Debt		[ASSESTS STREET	BANCASTER WAS TEST	
Name of Creditor	940 1440	<u> </u>		Outstanding Balance of Debt
House #	Street Address		E DEBT INCURRED	\$
			MM/DD/YYYY]	
City		State //	Zip	
Description of Debt			Code	
To the second				paragan way sa baran katang an wasan kalaman ing katanan an akada ka sa
Name of Creditor		le@@cR**	E DERT INCHES	Outstanding Balance of Debt
House#	Street Address		E DEBT INCURRED MM/DD/YYYY]	\$
City		State		
City	***	Jate	Zip Code	
Description of Debt				