

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	36-4759048	Report Filed By (Mark X)	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11-5-2019	Year	2022	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1-1-22	12-31-22	
A. Amount Brought Forward From Last Report	\$	619.39	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		
C. Total Funds Available (Sum of Lines A and B)	\$	619.39	
D. Total Expenditures (From Schedule III)	\$	300.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	319.39	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

## 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

17 day of January 20 23

*Regina M. Giblin*  
Signature

My Commission expires 4 1 2023  
MO. DAY YR.

Signature of Person Submitting report

Denise A Lee

Printed Name

814

Area Code

882-8107

Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
REGINA M. ERBIN - Notary Public  
Erie County  
My Commission Expires Apr 1, 2023  
Commission Number 1289537

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

17 day of January 20 23

*Regina M. Giblin*  
Signature

My Commission expires 4 1 2023  
MO. DAY YR.

Signature of Candidate

Jack F Lee, Jr

Printed Name

814

Area Code

823-9940

Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
REGINA M. ERBIN - Notary Public  
Erie County  
My Commission Expires Apr 1, 2023  
Commission Number 1289537

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

<b>Filer Identification Number</b>	36-4759048
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<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
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)	\$
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>		\$

**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.

<b>Filer Identification Number</b>		36-4759048							
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										Amount	
<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>		\$	
<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>		\$	
<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 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
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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]		\$
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]		\$
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:	36-4759048
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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]	\$

**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
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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								
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:	36-4759048
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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									

**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:	36-4759048
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
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:	36-4759048
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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							

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

<b>Filer Identification Number:</b>	36-4759048
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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>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</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>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</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>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</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>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	36-475948
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<b>To Whom Paid</b>		Friends of Bob Merski			<b>Date [MM/DD/YYYY]</b>	\$	50.00
					03/26/2022		
<b>House #</b>		<b>Street Address</b>	P. O. Box 667		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16512	Contribution	
<b>To Whom Paid</b>		Friends of Bob Merski			<b>Date [MM/DD/YYYY]</b>	\$	50.00
					10/02/2022		
<b>House #</b>		<b>Street Address</b>	P.O. Box 667		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16512	Contribution	
<b>To Whom Paid</b>		Fetterman for PA			<b>Date [MM/DD/YYYY]</b>	\$	100.00
					10/02/2022		
<b>House #</b>		<b>Street Address</b>	P.O. Box 6061		<b>Description of Expenditure</b>		
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15211	Contribution	
<b>To Whom Paid</b>		Foust for Controller			<b>Date [MM/DD/YYYY]</b>	\$	50.00
					10/02/2022		
<b>House #</b>	4331	<b>Street Address</b>	Neptune Drive		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	Contribution	
<b>To Whom Paid</b>		Dan Pastore for Congress			<b>Date [MM/DD/YYYY]</b>	\$	50.00
					10/02/2022		
<b>House #</b>		<b>Street Address</b>	P.O. Box 857		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16512	Contribution	
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

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:	36-4759048
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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						