



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	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	CHARLES B. LEWIS							
Street Address	639 BURKHART AVE							
City	ERIE	State	PA	Zip Code	16511			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd 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	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 2025 APR 28 AM 11:26 ERIE COUNTY VOTER REGISTRATION
	04/23/25	05/28/25	
A. Amount Brought Forward From Last Report	\$	55	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		
C. Total Funds Available (Sum of Lines A and B)	\$		
D. Total Expenditures (From Schedule III)	\$	433.54	
E. Ending Cash Balance (Subtract Line D from Line C)	\$		
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 of paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

28 day of April 2025
Signature of Notary Public
Laura E. ThayerMy Commission expires 12-20-2028
MO. DAY YR.Notary Public
Laura E. Thayer
Erie County
My commission expires December 20, 2028
Commission number 1455865
Member of Pennsylvania Association of NotariesSignature of Person Submitting report
Charles B. LewisPrinted Name
CHARLES B. LEWISArea Code
814Daytime Telephone Number
490-8572

Part II- If this is a report of a Candidate's Authorized Committee, candidate 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

day of 20

Signature

My Commission expires
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	- 0 -
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	- 0 -
All Other Contributions (Part B)	\$	- 0 -
Total for the reporting period	(2)	\$ - 0 -

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)	\$	- 0 -
All Other Contributions (Part D)	\$	- 0 -
Total for the reporting period	(3)	\$ - 0 -

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period	(4)	\$	- 0 -
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, Report Cover Page, Item B)			\$ - 0 -

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											
										Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	-0-		
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]		\$	1		
House #	Street Address				Date [MM/DD/YYYY]		\$				
City	State		Zip Code		Date [MM/DD/YYYY]		\$	-01			

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]	S	-0-
House #	Street Address			Date [MM/DD/YYYY]	S		
City	State			Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributor					Date [MM/DD/YYYY]	S	
House #	Street Address			Date [MM/DD/YYYY]	S		
City	State			Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributor					Date [MM/DD/YYYY]	S	
House #	Street Address			Date [MM/DD/YYYY]	S		
City	State			Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributor					Date [MM/DD/YYYY]	S	
House #	Street Address			Date [MM/DD/YYYY]	S		
City	State			Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributor					Date [MM/DD/YYYY]	S	
House #	Street Address			Date [MM/DD/YYYY]	S		
City	State			Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributor					Date [MM/DD/YYYY]	S	
House #	Street Address			Date [MM/DD/YYYY]	S		
City	State			Zip Code	Date [MM/DD/YYYY]	S	-0-

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:																								
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S	-0-			
House #										Street Address										Date [MM/DD/YYYY]		S		
City										State										Zip Code		Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S				
House #										Street Address										Date [MM/DD/YYYY]		S		
City										State										Zip Code		Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S				
House #										Street Address										Date [MM/DD/YYYY]	S			
City										State										Zip Code		Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S				
House #										Street Address										Date [MM/DD/YYYY]	S			
City										State										Zip Code		Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S				
House #										Street Address										Date [MM/DD/YYYY]	S			
City										State										Zip Code		Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S				
House #										Street Address										Date [MM/DD/YYYY]	S			
City										State										Zip Code		Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S	-0-			
House #										Street Address										Date [MM/DD/YYYY]		S		
City										State										Zip Code		Date [MM/DD/YYYY]	S	

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				
Full Name of Contributor			Date [MM/DD/YYYY]	S
House #	Street Address		Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	S
House #	Street Address		Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	S
House #	Street Address		Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	S
House #	Street Address		Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				

-0+

-0-

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]					S
					-0-
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]					S
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]					S
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]					S
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]					S
					-0-
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	
-----------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ - 0 -

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$ - 0 -

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ - 0 -

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)		\$ - 0 -
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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]	S	-0-
House #	Street Address			Date [MM/DD/YYYY]	S		
City	State		Zip Code	Date [MM/DD/YYYY]	S		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	S	
House #	Street Address			Date [MM/DD/YYYY]	S		
City	State		Zip Code	Date [MM/DD/YYYY]	S		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	S	
House #	Street Address			Date [MM/DD/YYYY]	S		
City	State		Zip Code	Date [MM/DD/YYYY]	S		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	S	
House #	Street Address			Date [MM/DD/YYYY]	S		
City	State		Zip Code	Date [MM/DD/YYYY]	S		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	S	-0-
House #	Street Address			Date [MM/DD/YYYY]	S		
City	State		Zip Code	Date [MM/DD/YYYY]	S		
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]	\$	-0-
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	DESANTIS SIGNS & GRAPHICS INC	Date (MM/DD/YYYY)	\$	433.54
House #	Street Address	Description of Expenditure		
1710	FRENCH			
City	State	Zip Code		
ERIE	PA	16502	CAMPAIGN SIGNS	
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		
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					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	- 0 -	
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]		\$	- 0 -	
City		State	Zip Code			
Description of Debt						