



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)	<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 Jeremy Markham								
Street Address	8190 Venshine Dr								
City	Wattsburg			State	PA		Zip Code	16442	
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)		05-20-2025		Year	2025		Amendment Report	<input type="checkbox"/>	Termination Report
Summary of Receipts and Expenditures		From Date	To Date		For Office Use Only				
		3-7-25	5-5-25						
A. Amount Brought Forward From Last Report		\$	0		2025 MAY - 7 PM 12:22 ERIE COUNTY VOTER REGISTRATION				
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	750.00						
C. Total Funds Available (Sum of Lines A and B)		\$	750.00						
D. Total Expenditures (From Schedule III)		\$	482.40						
E. Ending Cash Balance (Subtract Line D from Line C)		\$	268.60						
F. Value of In-Kind Contributions Received (From Schedule II)		\$	500.00						
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0						
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, is to the best of my knowledge and belief true, correct and complete.									
Sworn to and subscribed before me this									
6 day of May 20 2025									
Nicole Bemis									
Signature									
My Commission expires 4 9 29 MO. DAY YR.									
Commonwealth of Pennsylvania - Notary Seal Nicole Bemis, Notary Public Erie County My commission expires April 9, 2029 Commission number 1292239 Member, Pennsylvania Association of Notaries									
Affidavit Section									
Signature of Person Submitting report									
Pamela Leith									
Printed Name									
805 216-9155									
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									
6 day of May 20 2025									
Nicole Bemis									
Signature									
My Commission expires 4 9 29 MO. DAY YR.									
Commonwealth of Pennsylvania - Notary Seal Nicole Bemis, Notary Public Erie County My commission expires April 9, 2029 Commission number 1292239 Member, Pennsylvania Association of Notaries									
Signature of Candidate									
Jeremy Markham									
Printed Name									
814 397 7381									
Area Code Daytime Telephone Number									

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

<b>Filer Identification Number</b>	
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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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$

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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												
												Amount
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]	\$			
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.)

Filer Identification Number:									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
Amy Wolff					5-2-25		\$	100.00	
House #	Street Address				Date [MM/DD/YYYY]		\$		
915	Chestnut ST						\$		
City	State			Zip Code	Date [MM/DD/YYYY]		\$		
Waterford	PA			16441			\$		
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
Christopher Miller					5-2-25		\$	250.00	
House #	Street Address				Date [MM/DD/YYYY]		\$		
555	S Parrish Rd						\$		
City	State			Zip Code	Date [MM/DD/YYYY]		\$		
Conneaut	OH			44030			\$		
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
Michael Knight					5-4-25		\$	200.00	
House #	Street Address				Date [MM/DD/YYYY]		\$		
5902	ELGIN ST						\$		
City	State			Zip Code	Date [MM/DD/YYYY]		\$		
Pittsburgh	PA			15206			\$		
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
Pamela D. Carullo					4-15-25		\$	200.00	
House #	Street Address				Date [MM/DD/YYYY]		\$		
3703	RASPBERRY ST						\$		
City	State			Zip Code	Date [MM/DD/YYYY]		\$		
ERIE	PA			16508			\$		
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:	
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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]	\$	
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:	
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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	
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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	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>
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TOTAL for the reporting period (1)	\$	
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<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>
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TOTAL for the reporting period (2)	\$	
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<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>
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TOTAL for the reporting period (3)	\$	
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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:																			
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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

Filer Identification Number:	
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Full Name of Contributor: <b>PAUL ADAM ETZ</b>					Date [MM/DD/YYYY]: <b>5/1/25</b>		\$ <b>500.00</b>
House #		Street Address: <b>The Letterpress Shoppe, L.P.</b>			Date [MM/DD/YYYY]		\$
City: <b>Pittsburgh</b>		State: <b>PA</b>		Zip Code: <b>15233</b>		Date [MM/DD/YYYY]	
Employer Name: <b>Letter Press Shoppe</b>					Occupation: <b>PAINT SHOP</b>		
Employer Mailing Address / Principal Place of Business: <b>RJ CASEY INDUSTRIAL PARK, P. IT, PA 15233</b>					Description of Contribution: <b>POLITICAL YARD SIGNS</b>		
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		Creative IMPRINT Systems			Date [MM/DD/YYYY]	\$	458.50
House #	2670	Street Address	West 11th ST		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16505	MARKETING/SWAG/SHIRTS	
To Whom Paid		ANEODT - ONLINE			Date [MM/DD/YYYY]	\$	22.90
House #		Street Address			Description of Expenditure		
City		State		Zip Code		FEES	
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			
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]	\$
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						