

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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Kylie Morris						
Street Address		6070 Meridian Dr						
City	Erie	State	PA	Zip Code	16509			

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)		05/20/2025	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
	03/18/2025	05/05/2025	<p>2025 MAY -7 PM 3:57</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p>
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3220.00	
C. Total Funds Available (Sum of Lines A and B)	\$	3220.00	
D. Total Expenditures (From Schedule III)	\$	2288.92	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	931.08	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	71.49	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	643.20	

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 schedule is true, correct and complete.

Sworn to and subscribed before me this

7 day of May 20 25
 Signature of Lauren E. Thayer

My Commission expires 12-20-2028
 MO. DAY YR.

Signature of Person Submitting report
 Christopher DeSanctis

Printed Name

814 480-9015
 Area Code Daytime Telephone Number

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

7 day of May 20 25
 Signature of Lauren E. Thayer

My Commission expires 12-20-2028
 MO. DAY YR.

Signature of Candidate
 Kylie Morris

Printed Name

814 580-6536
 Area Code Daytime Telephone Number

Notary Public
 Lauren E. Thayer, Notary Public
 Erie County
 My commission expires December 20, 2028
 Commission number 1455865
 Member, Pennsylvania Association of Notaries

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)		\$	290.00
2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	250.00
All Other Contributions (Part B)		\$	1280.00
Total for the reporting period (2)		\$	
3. Contributions Over \$ 250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	1400.00
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 <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>		\$	3220.00

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		Women the Future Political Action Committee						Date [MM/DD/YYYY]		\$	250.00	
								04/13/2025				
House #		Street Address		PO Box 35				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]		\$		
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]		\$	
Kylie Morris						03/18/2025		\$	100.00
House #	6070	Street Address				Date [MM/DD/YYYY]		\$	80.00
		Meridian Dr				04/25/2025		\$	
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
See-yin So						03/25/2025		\$	100.00
House #	3317	Street Address				Date [MM/DD/YYYY]		\$	
		Sussex Dr						\$	
City	Bellingham	State	WA	Zip Code	98226	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Rock Copeland						03/25/2025		\$	100.00
House #	1336	Street Address				Date [MM/DD/YYYY]		\$	
		Patterson						\$	
City	Erie	State	PA	Zip Code	16508	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Elizabeth Hannegan						03/25/2025		\$	100.00
House #	232	Street Address				Date [MM/DD/YYYY]		\$	
		Pine St, 3F						\$	
City	Philadelphia	State	PA	Zip Code	19106	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Bruce Rollman						03/25/2025		\$	100.00
House #	2106	Street Address				Date [MM/DD/YYYY]		\$	
		Beechwood Blvd						\$	
City	Pittsburgh	State	PA	Zip Code	15217	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Lisa Graff						03/26/2025		\$	100.00
House #	1214	Street Address				Date [MM/DD/YYYY]		\$	
		Silver Springs Dr						\$	
City	Erie	State	PA	Zip Code	16509	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	
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Full Name of Contributor		Mpande Mwape		Date [MM/DD/YYYY]	03/27/2025	\$	100.00
House #	2743	Street Address	Philadelphia Ave	Date [MM/DD/YYYY]		\$	
City	Pittsburgh	State	PA	Zip Code	15216	Date [MM/DD/YYYY]	\$
Full Name of Contributor		William Lloyd		Date [MM/DD/YYYY]	03/30/2025	\$	100.00
House #	912	Street Address	Beaumont Ave	Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Amy Kramer		Date [MM/DD/YYYY]	04/03/2025	\$	100.00
House #	424	Street Address	Masonic Dr	Date [MM/DD/YYYY]		\$	
City	York	State	PA	Zip Code	17406	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Revathi Penathur		Date [MM/DD/YYYY]	04/03/2025	\$	100.00
House #	45A	Street Address	Wharton Ct	Date [MM/DD/YYYY]		\$	
City	Pittsburgh	State	PA	Zip Code	15203	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Archana Anand		Date [MM/DD/YYYY]	04/05/2025	\$	100.00
House #	528	Street Address	Cherokee Dr	Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Kathleen Fatica		Date [MM/DD/YYYY]	04/05/2025	\$	100.00
House #	4623	Street Address	Southern Dr	Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16506	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		Reshmi Syamlal		Date [MM/DD/YYYY]	03/27/2025	\$	400.00
House #	7104	Street Address		Susan Springs Dr		Date [MM/DD/YYYY]	\$
City	West Chester	State	OH	Zip Code	45069	Date [MM/DD/YYYY]	\$
Employer Name		GE		Occupation	Engineer		
Employer Mailing Address / Principal Place of Business		7104 Susan Springs Dr West Chester Township OH 45069					
Full Name of Contributor		Laura Gephart		Date [MM/DD/YYYY]	03/30/2025	\$	500.00
House #	142	Street Address		Griffin Ave		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16511	Date [MM/DD/YYYY]	\$
Employer Name		Allied Urology		Occupation	Doctor		
Employer Mailing Address / Principal Place of Business		142 Griffin Ave Erie PA 16511					
Full Name of Contributor		Amy North		Date [MM/DD/YYYY]	04/03/2025	\$	500.00
House #	2011	Street Address		Country Club Dr		Date [MM/DD/YYYY]	\$
City	Carrollton	State	MO	Zip Code	64633	Date [MM/DD/YYYY]	\$
Employer Name		CCMH		Occupation	Family Medicine Doctor		
Employer Mailing Address / Principal Place of Business		2011 Country Club Dr Carrollton MO 64633					
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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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR				
TOTAL for the reporting period	(1)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 5px; text-align: center;">\$</td> <td style="padding: 5px;">71.49</td> </tr> </table>	\$	71.49
\$	71.49			

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)				
TOTAL for the reporting period	(2)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 5px; text-align: center;">\$</td> <td style="height: 20px;"></td> </tr> </table>	\$	
\$				

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)				
TOTAL for the reporting period	(3)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 5px; text-align: center;">\$</td> <td style="height: 20px;"></td> </tr> </table>	\$	
\$				

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)	\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="height: 40px;"></td> </tr> </table>	

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						

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: _____

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		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		DeSantis Signs and Graphics, Inc			Date [MM/DD/YYYY]	04/01/2025	\$	1000.00
House #	540	Street Address	W 18th St		Description of Expenditure			
City	Erie	State	PA	Zip Code	16502	Signs deposit		
To Whom Paid		Millcreek Township Parks and Rec			Date [MM/DD/YYYY]	04/07/25	\$	200.00
House #	3608	Street Address	W 26th St		Description of Expenditure			
City	Erie	State	PA	Zip Code	16506	Launch Party payment and deposit		
To Whom Paid		DeSantis Signs and Graphics, Inc			Date [MM/DD/YYYY]	04/09/2025	\$	585.70
House #	540	Street Address	W 18th St		Description of Expenditure			
City	Erie	State	PA	Zip Code	16502	Signs Balance		
To Whom Paid		Fine Wine & Good Spirits			Date [MM/DD/YYYY]	04/22/2025	\$	46.62
House #	7200	Street Address	Peach St		Description of Expenditure			
City	Erie	State	PA	Zip Code	16509	Launch Party Expenditures		
To Whom Paid		Sam's Club			Date [MM/DD/YYYY]	04/22/2025	\$	174.75
House #	7200	Street Address	Peach St		Description of Expenditure			
City	Erie	State	PA	Zip Code	16509	Launch Party Expenditures		
To Whom Paid		Walmart			Date [MM/DD/YYYY]	04/22/25	\$	42.29
House #	1825	Street Address	Downs Dr		Description of Expenditure			
City	Erie	State	PA	Zip Code	16509	Launch Party Expenditures		
To Whom Paid		Giant Eagle			Date [MM/DD/YYYY]	04/22/2025	\$	59.47
House #	2067	Street Address	Interchange Rd		Description of Expenditure			
City	Erie	State	PA	Zip Code	16509			
To Whom Paid		Discount Beer			Date [MM/DD/YYYY]	04/22/25	\$	76.00
House #	7200	Street Address	Peach St Unit 490		Description of Expenditure			
City	Erie	State	PA	Zip Code	16509	Launch Party Expenditures		

SCHEDULE III
Statement of Expenditures

File Identification Number	
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To Whom Paid		ZippityPrint.com		Date (MM/DD/YYYY)		05/01/2025		244.07	
House #	1060	Street Address		W Bagley Rd		Description of Expenditure			
City	Berea	State	OH	Zip Code	44017	Door Hangers			
To Whom Paid		Act Blue/Stripe		Date (MM/DD/YYYY)		05/05/2025		104.09	
House #		Street Address		PO Box 441146		Description of Expenditure			
City	Somerville	State	MA	Zip Code	02144	Processing 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					

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	
Kylie Morris							
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$ 399.13	
6070	Meridian Dr	04/22/2025					
City	State	Zip Code					
Erie	PA	16509					
Description of Debt							
Launch Party Expenditures							

Name of Creditor						Outstanding Balance of Debt	
Kylie Morris							
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$ 244.07	
6070	Meridian Dr	05/1/2025					
City	State	Zip Code					
Erie	PA	16509					
Description of Debt							
Door Hangers							

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							