



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	83-3126011	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 Dan Ouellet							
Street Address	5213 Deerfield Drive							
City	Fairview	State	PA	Zip Code	16415			

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)	5/20/2025	Year	2025	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
	1/1/2025	5/5/2025	
A. Amount Brought Forward From Last Report	\$	3535.50	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	8790.00	
C. Total Funds Available (Sum of Lines A and B)	\$	12325.50	
D. Total Expenditures (From Schedule III)	\$	3951.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	8374.50	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	9100.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2000.00	

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 on pages 1 to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this	
8 th day of May 20 25	
Signature of Person Submitting report	
Gary Seib	
Printed Name	
My Commission expires 5 22 2025	
MO. DAY YR.	
Area Code	823-3555
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	
9 th day of May 20 25	
Signature of Candidate	
Daniel Ouellet	
Printed Name	
My Commission expires 11 21 2027	
MO. DAY YR.	
Area Code	823-5395
Daytime Telephone Number	

Commonwealth of Pennsylvania - Notary Seal
Jessica L. J. Stutzman, Notary Public
Erie County
My commission expires November 21, 2027
Commission number 1359916
Member, Pennsylvania Association of Notaries

Commonwealth of Pennsylvania
County of ERIE

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	83-3126011		
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 430.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)			\$ 0.00
All Other Contributions (Part B)			\$ 1410.00
Total for the reporting period		(2)	\$ 1410.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)			\$ 0.00
All Other Contributions (Part D)			\$ 6950.00
Total for the reporting period		(3)	\$ 6950.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0.00
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>			\$ 8790.00

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		83-3126011									
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Full Name of Contributor		Tony Sitter				Date [MM/DD/YYYY]		03/13/2025		\$	100
House #	6013	Street Address		Fossilwood Drive				Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]		\$			
Full Name of Contributor		Michael Howard				Date [MM/DD/YYYY]		03/13/2025		\$	60
House #	4002	Street Address		Pinelawn Drive				Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]		\$			
Full Name of Contributor		Kim & Tom Clear				Date [MM/DD/YYYY]		03/13/2025		\$	200
House #	4855	Street Address		Asbury Road				Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]		\$			
Full Name of Contributor		Stephanie & Joe Weunski				Date [MM/DD/YYYY]		03/13/2025		\$	100
House #	6012	Street Address		Tuscany Lane				Date [MM/DD/YYYY]		\$	
City	Fairview	State	PA	Zip Code	16415	Date [MM/DD/YYYY]		\$			
Full Name of Contributor		Lisa Brown				Date [MM/DD/YYYY]		03/13/2025		\$	100
House #	205	Street Address		West 41st Street				Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16508	Date [MM/DD/YYYY]		\$			
Full Name of Contributor		Jacob Skolnik				Date [MM/DD/YYYY]		03/13/2025		\$	100
House #	4643	Street Address		Weatherwood Trail				Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16506	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:		83-3126011									
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Full Name of Contributor		Karen Tyler				Date [MM/DD/YYYY]	\$	100
						03/13/2025		
House #	1032	Street Address		Copper Drive		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Dana James				Date [MM/DD/YYYY]	\$	150
						03/13/2025		
House #	1250	Street Address		Beaver Drive		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Kellee Heidt				Date [MM/DD/YYYY]	\$	100
						03/13/2025		
House #	5222	Street Address		Deerfield Drive		Date [MM/DD/YYYY]	\$	
City	Fairview	State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Robyn & Stephen Crago				Date [MM/DD/YYYY]	\$	200
						03/13/2025		
House #	4402	Street Address		Westminster Blvd.		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Lynn Craker				Date [MM/DD/YYYY]	\$	100
						03/13/2025		
House #	5411	Street Address		Millfair Road		Date [MM/DD/YYYY]	\$	
City	Fairview	State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Gary Walters				Date [MM/DD/YYYY]	\$	100
						04/30/2025		
House #	3536	Street Address		Meadow Drive		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16506	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:	83-3126011
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Full Name of Contributor				Mark J. Kuhar		Date [MM/DD/YYYY]		03/1/2025	\$	500
House #	4610	Street Address		Crosswinds Drive		Date [MM/DD/YYYY]			\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]			\$	
Employer Name				MacDonald Illig Attorneys		Occupation		Attorney		
Employer Mailing Address / Principal Place of Business				100 State Street, Erie, PA 16507						
Full Name of Contributor				Paul Ouellet		Date [MM/DD/YYYY]		03/13/2025	\$	1000
House #	3223	Street Address		West 24th Street		Date [MM/DD/YYYY]			\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]			\$	
Employer Name						Occupation		Retired		
Employer Mailing Address / Principal Place of Business										
Full Name of Contributor				Kathleen Ouellet		Date [MM/DD/YYYY]		03/23/2025	\$	400
House #	3909	Street Address		Sunset Blvd.		Date [MM/DD/YYYY]			\$	
City	Erie	State	PA	Zip Code	16504	Date [MM/DD/YYYY]			\$	
Employer Name						Occupation		Retired		
Employer Mailing Address / Principal Place of Business										
Full Name of Contributor				Mark Shaw		Date [MM/DD/YYYY]		03/31/2025	\$	1050
House #	4345	Street Address		Colt Lane		Date [MM/DD/YYYY]			\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]			\$	
Employer Name				MacDonald Illig Attorneys		Occupation		Attorney		
Employer Mailing Address / Principal Place of Business				100 State Street, Erie, PA 16507						

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:	83-3126011
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Full Name of Contributor		Alan Schaal		Date [MM/DD/YYYY]	\$	4000
				04/30/2025		
House #	4242	Street Address	Commodore Drive		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]
						\$
Employer Name		Amerail Systems, Inc.		Occupation	Owner	
Employer Mailing Address / Principal Place of Business		2301-A West 12th Street, Erie, PA 16505				
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						

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	83-3126011
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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)	\$ 9100.00

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)		\$ 9100.00
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SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	83-3126011
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Full Name of Contributor				Joseph Weunski		Date [MM/DD/YYYY]		5/5/2025		\$		9100.00			
House #		6012		Street Address		Tuscany Lane		Date [MM/DD/YYYY]		\$					
City		Fairview		State		PA		Zip Code		16415		Date [MM/DD/YYYY]		\$	
Employer Name				Tungsten Creative Group				Occupation		Owner					
Employer Mailing Address / Principal Place of Business				510 West 7th Street, Erie, PA 16502				Description of Contribution		Consulting Services					
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:	83-3126011
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To Whom Paid		Daniel Ouellet				Date [MM/DD/YYYY]	\$	1706.45
		03/29/2025						
House #	3224	Street Address	West 25th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Yard Signs from Summit Printing		
To Whom Paid		Community Access Media				Date [MM/DD/YYYY]	\$	150.00
		04/01/2025						
House #	142	Street Address	West 12th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	Access to the Candidates - Video Production		
To Whom Paid		Daniel Ouellet				Date [MM/DD/YYYY]	\$	1134.47
		04/11/2025						
House #	3224	Street Address	West 25th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Postcard Printing, Door Hangers, Logo Clothing		
To Whom Paid		303 Sign Shop				Date [MM/DD/YYYY]	\$	640.08
		04/19/2025						
House #	2936	Street Address	Peach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Large Banners / Campaign Signage		
To Whom Paid		Millcreek Township Supervisors				Date [MM/DD/YYYY]	\$	300.00
		04/23/2025						
House #	3608	Street Address	West 26th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Sign Permits		
To Whom Paid		Northwest Bank				Date [MM/DD/YYYY]	\$	20.00
		Various						
House #	100	Street Address	Liberty Street			Description of Expenditure		
City	Warren	State	PA	Zip Code	16365	\$5.00 / Month Service Charge		
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:	83-3126011
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Name of Creditor		Daniel Ouellet				Outstanding Balance of Debt	
House #	3224	Street Address	West 25th Street		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 2000.00
City		Erie	State	PA	Zip Code	16506	
Description of Debt Loan to fund start of previous campaign							

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							