

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 checked="" type="checkbox"/> Candidate	<input type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Daniel Ouellet				
Street Address	3224 West 25th Street				
City	Erie	State	PA	Zip Code	16506

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"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2025	05/05/2025	
A. Amount Brought Forward From Last Report	\$	-2000.00	<p style="text-align: center;">2025 MAY -9 AM 8:02 ERIE COUNTY VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	300.00	
C. Total Funds Available (Sum of Lines A and B)	\$	-1700.00	
D. Total Expenditures (From Schedule III)	\$	300.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-2000.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

Affidavit Section

Part 1- 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

8th day of May 20 25
 Signature: *Jessica L. J. Stutzman*
 My Commission expires 11 - 21 - 2027
 MO. DAY YR.

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

Signature of Person Submitting report
Daniel Ouellet
 Printed Name
 Daniel Ouellet
 814 Area Code 823-5395 Daytime Telephone Number

Commonwealth of Pennsylvania
 County of Erie

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 report and the attached schedules on paper, including the report of the committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO. 32) 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	Daniel Ouellet		
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0.00

2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	0.00

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)		\$	300.00
Total for the reporting period	(3)	\$	300.00

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>		\$	300.00

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:	Daniel Ouellet
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Full Name of Contributor					Date [MM/DD/YYYY]		\$
Daniel Ouellet					03/13/2025		300.00
House #	3224	Street Address			Date [MM/DD/YYYY]		\$
		West 25th Street					
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Employer Name				Millcreek Township		Occupation	Township Supervisor
Employer Mailing Address / Principal Place of Business				3608 West 26th Street, Erie, PA 16506			
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 III
Statement of Expenditures

Filer Identification Number:	Daniel Ouellet
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To Whom Paid		Public House - West Erie				Date [MM/DD/YYYY]	\$	300.00
						03/13/2025		
House #	4575	Street Address	West Ridge Road			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Campaign announcement reception		

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				