

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	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		John M. Persinger		
Street Address		401 Frontier Drive		
City	State	Zip Code		
Erie	PA	16505		

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (M/M/DD/YYYY)		Year		Amendment Report		Termination Report		
		2022		<input type="checkbox"/>		<input checked="" type="checkbox"/>		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2022	12/31/2022	
A. Amount Brought Forward From Last Report	\$	9,553.26	2022 NOV 30 PM 12:39 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	315.90	
C. Total Funds Available (Sum of Lines A and B)	\$	9,869.16	
D. Total Expenditures (From Schedule III)	\$	9,869.16	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

29th day of November 20 22
 Susan M. Gausman
 Signature

My Commission expires 07 05 2025
 MO. DAY YR

Thomas B. Parolite
 Signature of Person Submitting report
 Thomas B. Parolite
 Printed Name

814 881-0262
 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. 20) amended.

Sworn to and subscribed before me this

29th day of November 20 22
 Susan M. Gausman
 Signature

My Commission expires 07 05 2025
 MO. DAY YR

John M. Persinger
 Signature of Candidate
 John M. Persinger
 Printed Name

973 953-9299
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARY SEAL
 SUSAN M. GAUSMAN, NOTARY PUBLIC
 ERIE COUNTY
 MY COMMISSION EXPIRES JULY 5, 2025
 COMMISSION NUMBER 1166504

COMMONWEALTH OF PENNSYLVANIA
 NOTARY SEAL
 SUSAN M. GAUSMAN, NOTARY PUBLIC
 ERIE COUNTY
 MY COMMISSION EXPIRES JULY 5, 2025
 COMMISSION NUMBER 1166504

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)		\$	
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)		\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period (3)		\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4)		\$	315.90
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>		\$	315.90

2022 NOV 30 PM 12:39
ELECTIONS
VOTER REGISTRATION

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											
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										Amount			
Full Name of Contributing Committee						Date [M/M/DD/YYYY]		\$					
House #						Street Address		Date [M/M/DD/YYYY]		\$			
City					State		Zip Code		Date [M/M/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [M/M/DD/YYYY]		\$					
House #						Street Address		Date [M/M/DD/YYYY]		\$			
City					State		Zip Code		Date [M/M/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [M/M/DD/YYYY]		\$					
House #						Street Address		Date [M/M/DD/YYYY]		\$			
City					State		Zip Code		Date [M/M/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [M/M/DD/YYYY]		\$					
House #						Street Address		Date [M/M/DD/YYYY]		\$			
City					State		Zip Code		Date [M/M/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [M/M/DD/YYYY]		\$					
House #						Street Address		Date [M/M/DD/YYYY]		\$			
City					State		Zip Code		Date [M/M/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [M/M/DD/YYYY]		\$					
House #						Street Address		Date [M/M/DD/YYYY]		\$			
City					State		Zip Code		Date [M/M/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [M/M/DD/YYYY]		\$					
House #						Street Address		Date [M/M/DD/YYYY]		\$			
City					State		Zip Code		Date [M/M/DD/YYYY]		\$		

2022 NOV 30 PM 12:39
 NOTE: ELECTIONS
 11/2/2022

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 [M/M/DD/YYYY]		\$
House #	Street Address		Date [M/M/DD/YYYY]		\$
City	State	Zip Code	Date [M/M/DD/YYYY]		\$
Full Name of Contributor			Date [M/M/DD/YYYY]		\$
House #	Street Address		Date [M/M/DD/YYYY]		\$
City	State	Zip Code	Date [M/M/DD/YYYY]		\$
Full Name of Contributor			Date [M/M/DD/YYYY]		\$
House #	Street Address		Date [M/M/DD/YYYY]		\$
City	State	Zip Code	Date [M/M/DD/YYYY]		\$
Full Name of Contributor			Date [M/M/DD/YYYY]		\$
House #	Street Address		Date [M/M/DD/YYYY]		\$
City	State	Zip Code	Date [M/M/DD/YYYY]		\$
Full Name of Contributor			Date [M/M/DD/YYYY]		\$
House #	Street Address		Date [M/M/DD/YYYY]		\$
City	State	Zip Code	Date [M/M/DD/YYYY]		\$
Full Name of Contributor			Date [M/M/DD/YYYY]		\$
House #	Street Address		Date [M/M/DD/YYYY]		\$
City	State	Zip Code	Date [M/M/DD/YYYY]		\$
Full Name of Contributor			Date [M/M/DD/YYYY]		\$
House #	Street Address		Date [M/M/DD/YYYY]		\$
City	State	Zip Code	Date [M/M/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 [M/M/DD/YYYY]	\$	
House #		Street Address			Date [M/M/DD/YYYY]	\$	
City		State		Zip Code	Date [M/M/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [M/M/DD/YYYY]	\$	
House #		Street Address			Date [M/M/DD/YYYY]	\$	
City		State		Zip Code	Date [M/M/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [M/M/DD/YYYY]	\$	
House #		Street Address			Date [M/M/DD/YYYY]	\$	
City		State		Zip Code	Date [M/M/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [M/M/DD/YYYY]	\$	
House #		Street Address			Date [M/M/DD/YYYY]	\$	
City		State		Zip Code	Date [M/M/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [M/M/DD/YYYY]	\$	
House #		Street Address			Date [M/M/DD/YYYY]	\$	
City		State		Zip Code	Date [M/M/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [M/M/DD/YYYY]	\$	
House #		Street Address			Date [M/M/DD/YYYY]	\$	
City		State		Zip Code	Date [M/M/DD/YYYY]	\$	

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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 [M/M/DD/YYYY]		\$
House #		Street Address		Date [M/M/DD/YYYY]		\$
City		State		Zip Code		Date [M/M/DD/YYYY]
						\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [M/M/DD/YYYY]		\$
House #		Street Address		Date [M/M/DD/YYYY]		\$
City		State		Zip Code		Date [M/M/DD/YYYY]
						\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [M/M/DD/YYYY]		\$
House #		Street Address		Date [M/M/DD/YYYY]		\$
City		State		Zip Code		Date [M/M/DD/YYYY]
						\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [M/M/DD/YYYY]		\$
House #		Street Address		Date [M/M/DD/YYYY]		\$
City		State		Zip Code		Date [M/M/DD/YYYY]
						\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [M/M/DD/YYYY]		\$
House #		Street Address		Date [M/M/DD/YYYY]		\$
City		State		Zip Code		Date [M/M/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		Undeposited checks and/or Mathematical Errors					
House #		Street Address	during life of account J.A.P.				
City			State		Zip Code		Date [M/M/DD/YYYY] \$ 315.90
Receipt Description							
Full Name							
House #		Street Address					
City			State		Zip Code		Date [M/M/DD/YYYY] \$
Receipt Description							
Full Name							
House #		Street Address					
City			State		Zip Code		Date [M/M/DD/YYYY] \$
Receipt Description							
Full Name							
House #		Street Address					
City			State		Zip Code		Date [M/M/DD/YYYY] \$
Receipt Description							
Full Name							
House #		Street Address					
City			State		Zip Code		Date [M/M/DD/YYYY] \$
Receipt Description							
Full Name							
House #		Street Address					
City			State		Zip Code		Date [M/M/DD/YYYY] \$
Receipt Description							
Full Name							
House #		Street Address					
City			State		Zip Code		Date [M/M/DD/YYYY] \$
Receipt Description							

2022 NOV 30 PM 12:59
ELECTRONIC
VOTE REGISTRATION

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

Filler Identification Number:

1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

2 IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period

(2)

\$

3 IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period

(3)

\$

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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VOTER REGISTRATION
END PARTY

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:

Full Name of Contributor

Date [M/M/DD/YYYY]

\$

House #

Street Address

Date [M/M/DD/YYYY]

\$

City

State

Zip Code

Date [M/M/DD/YYYY]

\$

Description of Contribution

Full Name of Contributor

Date [M/M/DD/YYYY]

\$

House #

Street Address

Date [M/M/DD/YYYY]

\$

City

State

Zip Code

Date [M/M/DD/YYYY]

\$

Description of Contribution

Full Name of Contributor

Date [M/M/DD/YYYY]

\$

House #

Street Address

Date [M/M/DD/YYYY]

\$

City

State

Zip Code

Date [M/M/DD/YYYY]

\$

Description of Contribution

Full Name of Contributor

Date [M/M/DD/YYYY]

\$

House #

Street Address

Date [M/M/DD/YYYY]

\$

City

State

Zip Code

Date [M/M/DD/YYYY]

\$

Description of Contribution

Full Name of Contributor

Date [M/M/DD/YYYY]

\$

House #

Street Address

Date [M/M/DD/YYYY]

\$

City

State

Zip Code

Date [M/M/DD/YYYY]

\$

Description of Contribution

VOTER REGISTRATION
COUNTY
2022 NOV 30 PM 12:39

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

Filer Identification Number:

Full Name of Contributor				Date [M/M/DD/YYYY]		\$	
House #	Street Address			Date [M/M/DD/YYYY]		\$	
City	State		Zip Code	Date [M/M/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [M/M/DD/YYYY]		\$	
House #	Street Address			Date [M/M/DD/YYYY]		\$	
City	State		Zip Code	Date [M/M/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [M/M/DD/YYYY]		\$	
House #	Street Address			Date [M/M/DD/YYYY]		\$	
City	State		Zip Code	Date [M/M/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [M/M/DD/YYYY]		\$	
House #	Street Address			Date [M/M/DD/YYYY]		\$	
City	State		Zip Code	Date [M/M/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [M/M/DD/YYYY]		\$	
House #	Street Address			Date [M/M/DD/YYYY]		\$	
City	State		Zip Code	Date [M/M/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	MacDonald Illis Jones & Britton LLP				Date [M/M/DD/YYYY]	\$	97.50
House #	100	Street Address	State Street, Suite 700		Description of Expenditure		
City	Erie	State	PA	Zip Code	16507	Legal Services	
To Whom Paid	MBA PAC				Date [M/M/DD/YYYY]	\$	9,471.66
House #	2171	Street Address	West 38th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Contribution Closing Account	
To Whom Paid	MacDonald Illis Jones & Britton LLP				Date [M/M/DD/YYYY]	\$	300
House #	100	Street Address	State Street, Suite 700		Description of Expenditure		
City	Erie	State	PA	Zip Code	16507	Legal Services	
To Whom Paid					Date [M/M/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [M/M/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [M/M/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [M/M/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [M/M/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

2022 NOV 30 PM 12:40
ERIE COUNTY
CLERK

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 [M/M/DD/YYYY]		\$
City			State	Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [M/M/DD/YYYY]		\$
City			State	Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [M/M/DD/YYYY]		\$
City			State	Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [M/M/DD/YYYY]		\$
City			State	Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [M/M/DD/YYYY]		\$
City			State	Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [M/M/DD/YYYY]		\$
City			State	Zip Code		
Description of Debt						