

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 checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Amanda Steeneck							
Street Address	240 N Dewey Rd							
City	North East	State	PA	Zip Code	16428			

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)		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
A. Amount Brought Forward From Last Report	\$	0	<div style="text-align: center;"> <p>2025 MAY -5 PM 1:26</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	547.40	
C. Total Funds Available (Sum of Lines A and B)	\$	547.40	
D. Total Expenditures (From Schedule III)	\$	547.40	
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	

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 true, correct and complete.

Sworn to and subscribed before me this

5 day of May 20 25

Signature: *Lauren E Thayer*

My Commission expires 12-20-2028

MO. DAY YR.

Signature of Person Submitting report: *Amanda J Steeneck*

Printed Name: Amanda J Steeneck

Area Code: 814

Daytime Telephone Number: 881-7928

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

day of 20

Signature

Printed Name

My Commission expires

MO. DAY YR.

Area Code

Daytime Telephone Number

Notary Public
 Lauren E. Thayer, Notary Public
 Eerie County
 My Commission expires December 20, 2028
 Commission number 1455865

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	Amanda Steeneck
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	0
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period	(2)	\$ 0

3. Contributions Over \$250.00 (From Part C and Part D)
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Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period	(3)	\$ 0

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)
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Total for the reporting period	(4)	\$	0
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>		\$	0

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		Amanda Steeneck									
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										Amount		
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
											0	
House #			Street Address				Date [MM/DD/YYYY]	\$				
								0				
City			State		Zip Code			Date [MM/DD/YYYY]	\$			
								0				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
											0	
House #			Street Address				Date [MM/DD/YYYY]	\$				
								0				
City			State		Zip Code			Date [MM/DD/YYYY]	\$			
								0				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
											0	
House #			Street Address				Date [MM/DD/YYYY]	\$				
								0				
City			State		Zip Code			Date [MM/DD/YYYY]	\$			
								0				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
											0	
House #			Street Address				Date [MM/DD/YYYY]	\$				
								0				
City			State		Zip Code			Date [MM/DD/YYYY]	\$			
								0				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
											0	
House #			Street Address				Date [MM/DD/YYYY]	\$				
								0				
City			State		Zip Code			Date [MM/DD/YYYY]	\$			
								0				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
											0	
House #			Street Address				Date [MM/DD/YYYY]	\$				
								0				
City			State		Zip Code			Date [MM/DD/YYYY]	\$			
								0				

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:	Amanda Steeneck
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
					02/22/2025	0	
House #		Street Address			Date [MM/DD/YYYY]	\$	
					04/03/2025	0	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
					04/24/25	0	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
						0	
House #		Street Address			Date [MM/DD/YYYY]	\$	
						0	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
						0	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
						0	
House #		Street Address			Date [MM/DD/YYYY]	\$	
						0	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
						0	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
						0	
House #		Street Address			Date [MM/DD/YYYY]	\$	
						0	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
						0	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
						0	
House #		Street Address			Date [MM/DD/YYYY]	\$	
						0	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
						0	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
						0	
House #		Street Address			Date [MM/DD/YYYY]	\$	
						0	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
						0	

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]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		0
City	State	Zip Code			Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		0
City	State	Zip Code			Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		0
City	State	Zip Code			Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		0
City	State	Zip Code			Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		0
City	State	Zip Code			Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		0
City	State	Zip Code			Date [MM/DD/YYYY]	\$	0

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:	Amanda Steeneck
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Amanda Steeneck					02/22/2025			28.00
House #	240	Street Address			Date [MM/DD/YYYY]		\$	
		N Dewey Rd			04/03/2025			171.19
City	North East	State	PA	Zip Code	16428	Date [MM/DD/YYYY]		\$
						04/24/2025		333.90
Employer Name					Occupation			
none					Stay at Home Mom			
Employer Mailing Address / Principal Place of Business					none			

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Amanda Steeneck					05/01/2025			14.31
House #	240	Street Address			Date [MM/DD/YYYY]		\$	
		N Dewey Rd						0
City	North East	State	PA	Zip Code	16428	Date [MM/DD/YYYY]		\$
								0
Employer Name					Occupation			
None					stay at home mom			
Employer Mailing Address / Principal Place of Business					None			

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
								0
House #		Street Address			Date [MM/DD/YYYY]		\$	
								0
City		State		Zip Code		Date [MM/DD/YYYY]		\$
								0
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
								0
House #		Street Address			Date [MM/DD/YYYY]		\$	
								0
City		State		Zip Code		Date [MM/DD/YYYY]		\$
								0
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:	Amanda Steeneck
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Full Name										
House #		Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$	0		
Receipt Description										
Full Name										
House #		Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$	0		
Receipt Description										
Full Name										
House #		Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$	0		
Receipt Description										
Full Name										
House #		Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$	0		
Receipt Description										
Full Name										
House #		Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$	0		
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	Amanda Steeneck
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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 F)		
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)	\$ 0

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)		\$ 0
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	Amanda Steeneck
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	0		
House #				Street Address		Date [MM/DD/YYYY]		\$	0
City		State		Zip Code		Date [MM/DD/YYYY]		\$	0
Description of Contribution									
Full Name of Contributor				Date [MM/DD/YYYY]		\$	0		
House #				Street Address		Date [MM/DD/YYYY]		\$	0
City		State		Zip Code		Date [MM/DD/YYYY]		\$	0
Description of Contribution									
Full Name of Contributor				Date [MM/DD/YYYY]		\$	0		
House #				Street Address		Date [MM/DD/YYYY]		\$	0
City		State		Zip Code		Date [MM/DD/YYYY]		\$	0
Description of Contribution									
Full Name of Contributor				Date [MM/DD/YYYY]		\$	0		
House #				Street Address		Date [MM/DD/YYYY]		\$	0
City		State		Zip Code		Date [MM/DD/YYYY]		\$	0
Description of Contribution									
Full Name of Contributor				Date [MM/DD/YYYY]		\$	0		
House #				Street Address		Date [MM/DD/YYYY]		\$	0
City		State		Zip Code		Date [MM/DD/YYYY]		\$	0
Description of Contribution									

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

Filer Identification Number:	Amanda Steeneck
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	0
House #	Street Address			Date [MM/DD/YYYY]		\$	0
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]		\$	0
House #	Street Address			Date [MM/DD/YYYY]		\$	0
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]		\$	0
House #	Street Address			Date [MM/DD/YYYY]		\$	0
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]		\$	0
House #	Street Address			Date [MM/DD/YYYY]		\$	0
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:	Amanda Steeneck
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To Whom Paid: Amanda Steeneck					Date [MM/DD/YYYY]: 02/22/2025		\$ 28.00	
House #: 240		Street Address: N Dewey Rd			Description of Expenditure:			
City: North East		State: PA		Zip Code: 16428		Breakfast Ticket		
To Whom Paid: Amanda Steeneck					Date [MM/DD/YYYY]:		\$ 171.19	
House #: 240		Street Address: N Dewey Rd			Description of Expenditure:			
City: North East		State: PA		Zip Code: 16428		Car Magnets		
To Whom Paid: Amanda Steeneck					Date [MM/DD/YYYY]:		\$ 333.90	
House #: 240		Street Address: N Dewey Rd			Description of Expenditure:			
City: North East		State: PA		Zip Code: 16428		Yard Sign		
To Whom Paid: Amanda Steeneck					Date [MM/DD/YYYY]:		\$ 14.31	
House #: 240		Street Address: N Dewey Rd			Description of Expenditure:			
City: North East		State: PA		Zip Code: 16428		Labels		
To Whom Paid:					Date [MM/DD/YYYY]:		\$ 0	
House #:		Street Address:			Description of Expenditure:			
City:		State:		Zip Code:				
To Whom Paid:					Date [MM/DD/YYYY]:		\$ 0	
House #:		Street Address:			Description of Expenditure:			
City:		State:		Zip Code:				
To Whom Paid:					Date [MM/DD/YYYY]:		\$ 0	
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:	Amanda Steeneck
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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						