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	X	Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Christina Vogel							
Street Address	855 Stockbridge Drive							
City	Erie	State	PA	Zip Code	16505			

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
☐	X	☐	☐	☐	☐	☐	☐	☐

Date Of Election (MM/DD/YYYY)	05/20/2025	Year	2025	Amendment Report	☐	Termination Report	☐

Summary of Receipts and Expenditures	From Date 01/01/2025	To Date 05/05/2025
A. Amount Brought Forward From Last Report	$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	$	0
C. Total Funds Available (Sum of Lines A and B)	$	0
D. Total Expenditures (From Schedule III)	$	9,589.28
E. Ending Cash Balance (Subtract Line D from Line C)	$	(9,589.28)
F. Value of In-Kind Contributions Received (From Schedule II)	$	0
G. Unpaid Debts and Obligations (From Schedule IV)	$	0

For Office Use Only

2025 MAY -9 PM 3:36

ERIE COUNTY VOTER REGISTRATION

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 page(s) is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 9 day of May 20 25

Lauren E. Thayer
Signature

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

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

Christina Vogel
Signature of Person Submitting report

Christina Vogel
Printed Name

309
Area Code

530-1450
Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate must 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

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	

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)	$	
Total Monetary Contributions and Receipts during this reporting period *(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)*		$	

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						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 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]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		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:	

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:	

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							
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:	

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:	

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)	$	

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF $50.01 TO $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]	$
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:	

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	
						02/28/2025		1,000
House #		Street Address	855 Stockbridge Drive			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Startup loan for bank account		

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	
						04/14/2025		4,400
House #		Street Address	855 Stockbridge			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Loan for Billboard Payment		

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	
						05/05/2025		1,000
House #		Street Address	855 Stockbridge Drive			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Loan for campaign services invoices		

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	
						01/29/2025		122
House #		Street Address	855 Stockbridge Drive			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Loan for PO Box Rental Fee		

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	
						02/01/2025		22.16
House #		Street Address	855 Stockbridge Drive			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Loan for Go Daddy account fee		

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	
						02/04/2025		25.32
House #		Street Address	855 Stockbridge Drive			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Loan for Go Daddy account fee		

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	
						02/07/2025		386.90
House #		Street Address	855 Stockbridge Drive			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Loan for Nation Builder service fee		

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	
						02/13/2025		996
House #		Street Address	855 Stockbridge Drive			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Loan for sweatshirts		

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	169.60
House #		Street Address	855 Stockbridge Drive			02/17/2025		
City	Erie	State	PA	Zip Code	16505	Description of Expenditure		
						Loan for signs		

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	150
House #		Street Address	855 Stockbridge			02/21/2025		
City	Erie	State	PA	Zip Code	16505	Description of Expenditure		
						Loan for logo artwork		

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	175.99
House #		Street Address	855 Stockbridge Drive			03/31/2025		
City	Erie	State	PA	Zip Code	16505	Description of Expenditure		
						Loan for facebook post fees		

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	75
House #		Street Address	855 Stockbridge Drive			04/04/2025		
City	Erie	State	PA	Zip Code	16505	Description of Expenditure		
						Loan for CAM interview		

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	110.40
House #		Street Address	855 Stockbridge Drive			04/06/2025		
City	Erie	State	PA	Zip Code	16505	Description of Expenditure		
						Loan for HER Power event tickets		

To Whom Paid	Friends of Christina Vogel					Date [MM/DD/YYYY]	$	700
House #		Street Address	855 Stockbridge Drive			04/09/2025		
City	Erie	State	PA	Zip Code	16505	Description of Expenditure		
						Loan for event refreshments		

To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address						
City		State		Zip Code		Description of Expenditure		

To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address						
City		State		Zip Code		Description of Expenditure		

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$	Description of Expenditure
Friends of Christina Vogel		855 Stockbridge Drive	Erie	PA	16505	04/13/2025	88.78	Loan for ink and card stock at Walmart
Friends of Christina Vogel		855 Stockbridge Drive	Erie	PA	16505	04/28/2025	67.93	Loan for ink and cardstock at Walmart
Friends of Christina Vogel		505 Stockbridge Drive	Erie	PA	16505	05/02/2025	99.20	Loan for ink and cardstock at Walmart

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:	

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							