



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	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		Sveller							
Street Address		5338 Norris Dr.							
City	Erie	State	PA	Zip Code	16509				
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 (MM/DD/YYYY)		11-2-21		Year		Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date		For Office Use Only				
		1-1-21	12-31-21						
A. Amount Brought Forward From Last Report		\$		0	2023 JAN 17 PM 12:04 ERIE COUNTY VOTER REGISTRATION				
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		275.00					
C. Total Funds Available (Sum of Lines A and B)		\$		275.00					
D. Total Expenditures (From Schedule III)		\$		275.00					
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									
_____ day of _____ 20____		Signature of Person Submitting report		Printed Name					
Signature		Area Code		Daytime Telephone Number					
My Commission expires _____ MO. _____ DAY _____ YR.									
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 of Candidate		Printed Name					
Signature		Area Code		Daytime Telephone Number					
My Commission expires _____ MO. _____ DAY _____ YR.									

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	<i>Sue Weber</i>		
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)		\$	<i>275.00</i>
Total for the reporting period		(3)	\$ <i>275.00</i>
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 <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>		\$	<i>275.00</i>

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

All Other Contributions

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

PLANNED PERSONNEL: Sue Weber

Full Name of Contributor				Date (MM/DD/YYYY)
House #	Street Address	State	Zip Code	Date (MM/DD/YYYY)
City				Date (MM/DD/YYYY)
Full Name of Contributor				Date (MM/DD/YYYY)
House #	Street Address	State	Zip Code	Date (MM/DD/YYYY)
City				Date (MM/DD/YYYY)
Full Name of Contributor				Date (MM/DD/YYYY)
House #	Street Address	State	Zip Code	Date (MM/DD/YYYY)
City				Date (MM/DD/YYYY)
Full Name of Contributor				Date (MM/DD/YYYY)
House #	Street Address	State	Zip Code	Date (MM/DD/YYYY)
City				Date (MM/DD/YYYY)
Full Name of Contributor				Date (MM/DD/YYYY)
House #	Street Address	State	Zip Code	Date (MM/DD/YYYY)
City				Date (MM/DD/YYYY)
Full Name of Contributor				Date (MM/DD/YYYY)
House #	Street Address	State	Zip Code	Date (MM/DD/YYYY)
City				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.

Full Identification Number					Sue Weber				
Full Name of Contributing Committee					Date (MM/DD/YYYY)				
House					Date (MM/DD/YYYY)				
Street Address					Date (MM/DD/YYYY)				
City					Date (MM/DD/YYYY)				
State					Date (MM/DD/YYYY)				
Zip Code					Date (MM/DD/YYYY)				
Full Name of Contributing Committee					Date (MM/DD/YYYY)				
House					Date (MM/DD/YYYY)				
Street Address					Date (MM/DD/YYYY)				
City					Date (MM/DD/YYYY)				
State					Date (MM/DD/YYYY)				
Zip Code					Date (MM/DD/YYYY)				
Full Name of Contributing Committee					Date (MM/DD/YYYY)				
House					Date (MM/DD/YYYY)				
Street Address					Date (MM/DD/YYYY)				
City					Date (MM/DD/YYYY)				
State					Date (MM/DD/YYYY)				
Zip Code					Date (MM/DD/YYYY)				
Full Name of Contributing Committee					Date (MM/DD/YYYY)				
House					Date (MM/DD/YYYY)				
Street Address					Date (MM/DD/YYYY)				
City					Date (MM/DD/YYYY)				
State					Date (MM/DD/YYYY)				
Zip Code					Date (MM/DD/YYYY)				
Full Name of Contributing Committee					Date (MM/DD/YYYY)				
House					Date (MM/DD/YYYY)				
Street Address					Date (MM/DD/YYYY)				
City					Date (MM/DD/YYYY)				
State					Date (MM/DD/YYYY)				
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:	<i>Sue Weber</i>
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Full Name of Contributor					Date [MM/DD/YYYY]		\$
<i>Sue Weber</i>					<i>9-15-21</i>		<i>275.00</i>
House #	Street Address			Date [MM/DD/YYYY]		\$	
	<i>5338 Norris Dr.</i>						
City	<i>Erie</i>	State	<i>PA</i>	Zip Code	<i>16508</i>	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:	<i>Sue Weber</i>
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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	<i>Sue Weber</i>
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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 E)		
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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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	<i>Sue Weber</i>
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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:	Sue Weber
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #				Street Address		Date [MM/DD/YYYY]
City				State		Zip Code
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
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
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
Employer Name				Occupation		\$
Employer Mailing Address / Principal Place of Business				Description of Contribution		\$

SCHEDULE III
Statement of Expenditures

Filler Identification Number:	Sue Weber
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To Whom Paid		Tri State Senior News		Date [MM/DD/YYYY]	9-20-21	\$	275.00
House #	5336	Street Address		Norris Dr.		Description of Expenditure	
City	Esia	State	PA	Zip Code	16509	2d	
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			

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:	<i>Sue Weber</i>
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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						



Pennsylvania Department of State
Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist				
Sue Weber				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Printed Name

1-8-2023

Date (DD/MM/YYYY)

Location (City/State/Country)