



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)	<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist			
Name of Filing Committee, Candidate or Lobbyist	GARY WELLS							
Street Address	17550 ROUTE 8							
City	UNION CITY	State	PA	Zip Code	16438			
Type of Report (Place x under report type)								
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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					
	02/01/2025	05/05/2025						
A. Amount Brought Forward From Last Report	\$	0.00						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00						
C. Total Funds Available (Sum of Lines A and B)	\$	0.00						
D. Total Expenditures (From Schedule III)	\$	(662.40)						
E. Ending Cash Balance (Subtract Line D from Line C)	\$	(662.40)						
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00						
G. Unpaid Debts and Obligations (From Schedule IV)	\$							

2025 MAY -9 AM 7:40  
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 paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

8 day of May 20 2025

Barbara S Hershelman  
Signature

Signature of Person Submitting report

Printed Name

My Commission expires 11- 11- 2027  
MO. DAY YR.814  
Area Code460-4662  
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.320) as amended.

Sworn to and subscribed before me this

day of 20

Signature

Signature of Candidate

Printed Name

My Commission expires  
MO. DAY YR.

Area Code

Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
BARBARA S HERSCHELMAN - Notary Public  
Erie County  
My Commission Expires November 11, 2027  
Commission Number 1290435

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ 0.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period		(2)	\$ 0.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period		(3)	\$ 0.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
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>		\$	0.00

**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.

<b>Filer Identification Number</b>											
------------------------------------	--	--	--	--	--	--	--	--	--	--	--

  

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

## 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]	\$	

**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.

<b>Filer Identification Number:</b>	
-------------------------------------	--

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

**File 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)**

\$

0.00



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						

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

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>To Whom Paid</b>		Donna Reese		<b>Date [MM/DD/YYYY]</b>		\$ 309.00	
				04/09/2025			
<b>House #</b>	2578	<b>Street Address</b>	W. 24th Street		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	yard sign reimbursement A.G.E. Graphics	
<b>To Whom Paid</b>		Donna Reese		<b>Date [MM/DD/YYYY]</b>		\$ 122.53	
				04/04/2025			
<b>House #</b>	2578	<b>Street Address</b>	W. 24th Street		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	rack card reimbursement Vistaprint	
<b>To Whom Paid</b>		Sara Gilger		<b>Date [MM/DD/YYYY]</b>		\$ 230.87	
				04/22/2025			
<b>House #</b>	122	<b>Street Address</b>	S. Main Street		<b>Description of Expenditure</b>		
<b>City</b>	Union City	<b>State</b>	PA	<b>Zip Code</b>	16438	1/2 share of kick-off joint event (food/beverage)	
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

**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							