

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 type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends of Robert Yates						
Street Address	5075 Tramarlac Lane						
City	Erie	State	PA	Zip Code	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/31/2021	1/31/2022	
A. Amount Brought Forward From Last Report	\$	800.73	<p>ERIE COUNTY</p> <p>REC'D - 2022</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	800.73	
D. Total Expenditures (From Schedule III)	\$	800.73	
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

My Commission expires

MO. DAY YR.

Barbara G. Mahanowski
 Signature of Person Submitting report
 Barbara G. Mahanowski
 Printed Name

814
 Area Code

838-6635
 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

My Commission expires

MO. DAY YR.

Robert J. Yates
 Signature of Candidate
 ROBERT J. YATES
 Printed Name

814
 Area Code

449-7750
 Daytime Telephone Number



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 type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends of Robert Yates							
Street Address	5075 Tramarlac Lane							
City	Erie	State	PA	Zip Code	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
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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____

SignatureMy Commission expires _____
MO. DAY YR._____
Signature of Person Submitting report_____
Printed Name_____
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.320) as amended.

Sworn to and subscribed before me this

_____ day of _____ 20____

SignatureMy 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 <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>		\$	

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]	\$		

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

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

PART E
Other Receipts

REFUNDS, INTREST 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]		S
Receipt Description									

Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		S
Receipt Description									

Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		S
Receipt Description									

Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		S
Receipt Description									

Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		S
Receipt Description									

Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		S
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:	
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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 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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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)										S			
House #		Street Address								Date (MM/DD/YYYY)										S			
City		State						Zip Code				Date (MM/DD/YYYY)										S	
Description of Contribution																							
Full Name of Contributor										Date (MM/DD/YYYY)										S			
House #		Street Address								Date (MM/DD/YYYY)										S			
City		State						Zip Code				Date (MM/DD/YYYY)										S	
Description of Contribution																							
Full Name of Contributor										Date (MM/DD/YYYY)										S			
House #		Street Address								Date (MM/DD/YYYY)										S			
City		State						Zip Code				Date (MM/DD/YYYY)										S	
Description of Contribution																							
Full Name of Contributor										Date (MM/DD/YYYY)										S			
House #		Street Address								Date (MM/DD/YYYY)										S			
City		State						Zip Code				Date (MM/DD/YYYY)										S	
Description of Contribution																							
Full Name of Contributor										Date (MM/DD/YYYY)										S			
House #		Street Address								Date (MM/DD/YYYY)										S			
City		State						Zip Code				Date (MM/DD/YYYY)										S	
Description of Contribution																							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		S			
House #		Street Address			Date [MM/DD/YYYY]		S		
City			State		Zip Code			S	
Employer Name				Occupation					
Employer Mailing Address/ Principal Place of Business				Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]		S			
House #		Street Address			Date [MM/DD/YYYY]		S		
City			State		Zip Code			S	
Employer Name				Occupation					
Employer Mailing Address/ Principal Place of Business				Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]		S			
House #		Street Address			Date [MM/DD/YYYY]		S		
City			State		Zip Code			S	
Employer Name				Occupation					
Employer Mailing Address/ Principal Place of Business				Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]		S			
House #		Street Address			Date [MM/DD/YYYY]		S		
City			State		Zip Code			S	
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 Dylanna		Date [MM/DD/YYYY]		\$ 500.00	
				03/16/21			
House #	Street Address			Description of Expenditure			
	517 Shawnee Dr.						
City	State		Zip Code				
Erie	PA		16505	Donation to Primary campaign			
To Whom Paid		Friends to Elect Kirk McCaslin		Date [MM/DD/YYYY]		\$ 200.00	
				04/14/21			
House #	Street Address			Description of Expenditure			
	4737 N. Wayside Dr.						
City	State		Zip Code				
Erie	PA		16505	Donation to McCaslin campaign			
To Whom Paid		The RDM Committee (Ryan McGregor campaign)		Date [MM/DD/YYYY]		\$ 100.73	
				04/16/21			
House #	Street Address			Description of Expenditure			
	95 Orchard Beach Dr.						
City	State		Zip Code				
North East	PA		16428	Donation to Ryan McGregor campaign			
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:	
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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

ERIE COUNTY

FEB 01 2022

VOTER REGISTRATION

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				
<i>Friends of Robert Yates</i>				
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 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.

Barbara A. Makarowski
Signature of Treasurer, Candidate, or Lobbyist

1/31/22
Date (DD/MM/YYYY)

Barbara A. Makarowski
Printed Name

Erie, PA USA
Location (City/State/Country)



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

ERIE COUNTY

FEB 01 2022

VOTER REGISTRATION

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate 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.

Robert J. Yates
Signature of Treasurer, Candidate, or Lobbyist

1/31/22
Date (DD/MM/YYYY)

ROBERT J. YATES
Printed Name

Erie, PA USA
Location (City/State/Country)