

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	83-3969891	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Chuck Nelson						
Street Address		645 W 9th St						
City	Erie	State	PA	Zip Code	16502			

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 checked="" 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)		11/02/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/4/2021	6/16/2021	
A. Amount Brought Forward From Last Report	\$	3229.89	2021 JUN 17 PM 3:11 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	350.00	
C. Total Funds Available (Sum of Lines A and B)	\$	3579.89	
D. Total Expenditures (From Schedule III)	\$	2736.20	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	843.69	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

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.

Signature of Person Submitting report
Jared Leonardi

Printed Name

814 _____ 746-2755
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____

Signature

My Commission expires _____ MO. DAY YR.

Signature of Candidate
Charles Nelson

Printed Name

814 _____ 720-9996
Area Code Daytime Telephone Number



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

2021 JUN 17 PM 3:11

VOTER REGISTRY

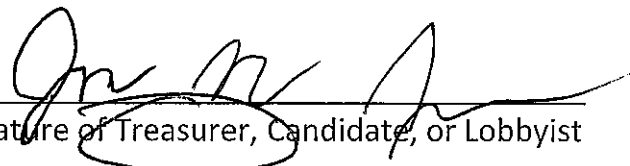
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input checked="" 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.



Signature of Treasurer, Candidate, or Lobbyist

17/6/21

Date (DD/MM/YYYY)

Jared Leonardi

Printed Name

Eric / PA / USA

Location (City/State/Country)

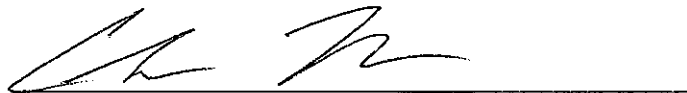


Pennsylvania Department of State

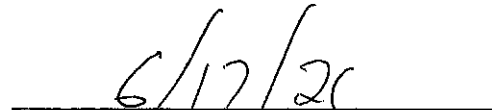
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www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

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

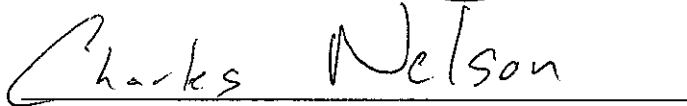
I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.



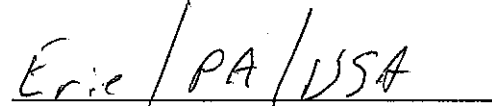
Signature of Treasurer, Candidate, or Lobbyist



Date (DD/MM/YYYY)



Printed Name



Location (City/State/Country)

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	83 3060891
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 100.00
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)		\$ 250.00
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 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:	83-3969891
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Full Name of Contributor						Date [MM/DD/YYYY]	\$
Nathan Burt						5/5/21	250.00
House #	10213	Street Address			Route 98	Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16512	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]	\$

3bs 2
Samirs 4
Big Bar 2
St M 4
Pol 4
Cz ①
For 2
Sharp 4
Mon 2
Alibi 4
Wes ⑦
Bogeys③
CYS 4
24 6
SE 2
Sun 4
Peach 4
G 6
Nat 4

total 69

SCHEDULE III
Statement of Expenditures

Filer Identification Number	83-3969891
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To Whom Paid		Facebook	Date [MM/DD/YYYY]		\$	200.00
			5/17/21			
House #	1601	Street Address	S California Ave		Description of Expenditure	
City	Palo Alto	State	CA	Zip Code	94304	Boosted ads
To Whom Paid		Vantiv E Commerce	Date [MM/DD/YYYY]		\$	26.21
House #	900	Street Address	Chelmsford St		Description of Expenditure	
City	Lowell	State	MA	Zip Code	01851	Online giving fees
To Whom Paid		Wix.com	Date [MM/DD/YYYY]		\$	25.44
			5/18/21			
House #	235	Street Address	W 23rd 8th Fl		Description of Expenditure	
City	New York	State	NY	Zip Code	10011	Web hosting
To Whom Paid		Birosca Printing	Date [MM/DD/YYYY]		\$	770.00
			5/12/21			
House #	1919	Street Address	Peach St		Description of Expenditure	
City	Erie	State	PA	Zip Code	16502	Postcards
To Whom Paid		USPS	Date [MM/DD/YYYY]		\$	1689.51
			5/12/21			
House #	2108	Street Address	E 38th St		Description of Expenditure	
City	Erie	State	PA	Zip Code	16515	Postage
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		

