

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	20200473	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Judge Marshall Piccinini							
Street Address		PO Box 1250							
City	Erie	State	PA	Zip Code	16512				

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 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)	5/18/2021	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	6/7/2021	
A. Amount Brought Forward From Last Report	\$	12,683.63	2021 JUN 15 AM 9:42 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	12,683.63	
D. Total Expenditures (From Schedule III)	\$	742.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	11,941.63	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	10,000.00	

### 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 14<sup>th</sup> day of June, 2021

*Sheila A Segal*  
Signature

Commonwealth of Pennsylvania - Notary Seal  
 SHEILA A SEGAL - Notary Public  
 Erie County  
 My Commission Expires May 8, 2024  
 Commission Number 1269402

*Gregory J Paulding*  
Signature of Person Submitting report

Printed Name: \_\_\_\_\_

My Commission expires 05 08 2024  
MO. DAY YR.

814 \_\_\_\_\_ 456-1515  
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 14<sup>th</sup> day of June, 2021

*Sheila A Segal*  
Signature

Commonwealth of Pennsylvania - Notary Seal  
 SHEILA A SEGAL - Notary Public  
 Erie County  
 My Commission Expires May 8, 2024  
 Commission Number 1269402

*Marshall J Piccinini*  
Signature of Candidate

Printed Name: \_\_\_\_\_

My Commission expires 05 08 2024  
MO. DAY YR.

814 \_\_\_\_\_ 450-7482  
Area Code Daytime Telephone Number



**SCHEDULE III  
Statement of Expenditures**

Filer Identification Number: 20200473

To Whom Paid		Printing Concepts Inc				Date [MM/DD/YYYY]	\$	742.00
						5/24/2021		
House #	4962	Street Address	Pacific Ave			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Door hangers and line cards		
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:	20200473
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Name of Creditor		Marshall Piccinini					Outstanding Balance of Debt	
House #	4480	Street Address		Kinter Hill Rd			DATE DEBT INCURRED [MM/DD/YYYY]	\$ 10,000.00
City		Edinboro	State	PA	Zip Code	16412		
Description of Debt		Loan to campaign committee						
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								

