

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	Committee	Lobbyist
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Carl Anderson		
Street Address		3830 PARADISE BLVD		
City	State	Zip Code		
Erie	PA	16504		

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)			Year		Amendment Report		Termination Report	
			2020		<input type="checkbox"/>		<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2020	12/31/2020	2021 FEB - 1 AM 10:40 ERIE COUNTY VOTER REGISTRATION
A. Amount Brought Forward From Last Report	\$	\$104.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	\$20,000.00	
C. Total Funds Available (Sum of Lines A and B)	\$	\$20,104.00	
D. Total Expenditures (From Schedule III)	\$	\$5,000.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	\$15,104.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 <u>29th</u> day of <u>January</u> 20 <u>21</u> Signature	Signature of Person Submitting report Jeffrey A. Mislo Printed Name Area Code: <u>814</u> Daytime Telephone Number: <u>866-1415</u>
My Commission expires <u>07 31 2023</u> MO. DAY YR.	My Commission expires July 31, 2023 Commission number 1292344 Member, Pennsylvania Association of Notaries

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 <u>29th</u> day of <u>January</u> 20 <u>21</u> Signature	Signature of Candidate CARL ANDERSON Printed Name Area Code: <u>(814)</u> Daytime Telephone Number: <u>824-5651</u>
My Commission expires <u>07 31 2023</u> MO. DAY YR.	My Commission expires July 31, 2023 Commission number 1292344 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$	0
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)		\$	0
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All Other Contributions (Part B)		\$	0
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Total for the reporting period	(2)	\$	0
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3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)		\$	\$10,000.00
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All Other Contributions (Part D)		\$	\$10,000.00
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Total for the reporting period	(3)	\$	\$20,000.00
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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Total for the reporting period	(4)	\$	0
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Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	\$20,000.00
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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		Northwest Good Government PAC			Date [MM/DD/YYYY]	\$	10,000.00
House #	100	Street Address		State	Date [MM/DD/YYYY]	\$	
		State St, Suite 440		PA			
City	ERIE		Zip Code		Date [MM/DD/YYYY]	\$	
			16507				
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]		\$	10,000.00
Thomas B AAGEN				10/24/2020			
House #	Street Address	Date [MM/DD/YYYY]		Date [MM/DD/YYYY]		\$	
5724	GRUBB ROAD						
City	State	Zip Code	Date [MM/DD/YYYY]		Date [MM/DD/YYYY]		\$
Coke	PA	16506					
Employer Name				Occupation			
RESERVED				EXECUTIVE			
Employer Mailing Address / Principal Place of Business							

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

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid		Date [MM/DD/YYYY]		\$	
CARL ANDERSON		10/25/2020		\$ 5,000	
House #	Street Address	Description of Expenditure			
3830	PARADE BLVD	REPAYMENT OF CAMPAIGN LOAN			
City	State	Zip Code			
ERIE	PA	16504			

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			

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			