

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	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist Robbie Fabrizi Campaign Fund				
Street Address 355 W 26th				
City ERIE	State PA.	Zip Code 16508		

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	Termination Report	<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date
A. Amount Brought Forward From Last Report		\$ 711.50
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ -
C. Total Funds Available (Sum of Lines A and B)		\$ -
D. Total Expenditures (From Schedule III)		\$ 711.50
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 0
F. Value of In-Kind Contributions Received (From Schedule II)		\$
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 4,617.13

For Office Use Only

2021 FEB - 2 AM 11:58

ERIE COUNTY
VOTER REGISTRATION

4,617.13 Forgiven = See Attached letter of forgiveness

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
Maissa Romanowski
 Printed Name

Area Code 814 Daytime Telephone Number 504-1954

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
Robert A. Fabrizi
 Printed Name

Area Code 814 Daytime Telephone Number 450-4994

SCHEDULE III
Statement of Expenditures

Filer Identification Number: _____

To Whom Paid		MARQUETTE SAVINGS BANK			Date [MM/DD/YYYY]	\$	
House #	Street Address		City	State	Zip Code		\$57.00
Description of Expenditure							
BANK FEES FOR INACTIVITY							
To Whom Paid		ERIE COUNTY ELECTION OFFICE			Date [MM/DD/YYYY]	\$	
House #	Street Address		City	State	Zip Code		10/2/20
Description of Expenditure							500.00
To Whom Paid		ROBERT FABRIZI			Date [MM/DD/YYYY]	\$	
House #	Street Address		City	State	Zip Code		1/28/2021
Description of Expenditure							154.50
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address		City	State	Zip Code		
Description of Expenditure							
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address		City	State	Zip Code		
Description of Expenditure							
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address		City	State	Zip Code		
Description of Expenditure							
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address		City	State	Zip Code		
Description of Expenditure							
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address		City	State	Zip Code		
Description of Expenditure							



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

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

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Candidate

1/28/2021

Date

Robert A. Fabrizi

Printed Name

2021 FEB -2 AM 11:59
ERIE COUNTY
VOTER REGISTRATION

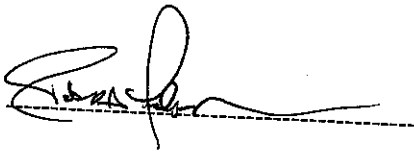
1/28/2021

TO WHOM IT MAY CONCERN:

I, Robert Fabrizi, personally loaned \$4,771.63 TO: Robbie Fabrizi Campaign Fund, when I first ran for, City of Erie School Board in 2011.

PLEASE NOTE: The Termination of the Campaign Fund is 1/28/2021. The remaining funds are \$154.50. I have received that amount in payment, Therefore, I am hereby forgiving the balance of that loan equaling \$4,617.13.

Signed



Robert Fabrizi

1/28/2021

Date

2021 FEB -2 AM 11:59
ERIE COUNTY
VOTER REGISTRATION