



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	86-1982577	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 CHRIS CAMPANELLI							
Street Address	946 W 36TH STREET							
City	ERIE	State	PA	Zip Code	16508			

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 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	2021		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	11/23/2021	12/31/2021		
A. Amount Brought Forward From Last Report	\$	3,193.31	2022 JAN 20 AM 10:55 ERIE COUNTY PA CAMPAIGN FINANCE DIVISION	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	170.00		
C. Total Funds Available (Sum of Lines A and B)	\$	3,363.31		
D. Total Expenditures (From Schedule III)	\$	989.46		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,373.85		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	3,750.00		

### 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

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_ MO. DAY YR.

Signature of Person Submitting report

GORDON ROBERT IMBODEN  
Printed Name

814 \_\_\_\_\_ 453-7731  
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

CHRIS D CAMPANELLI  
Printed Name

814 \_\_\_\_\_ 434-9573  
Area Code Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	86-1982577
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$ 170.00
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>		\$ 170.00

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	86-1982577
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<b>To Whom Paid</b>		MICHELE FARRELL			<b>Date [MM/DD/YYYY]</b>	\$	522.26
					12/22/2021		
<b>House #</b>	608	<b>Street Address</b>	BEVERLY DRIVE		<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16505	EXPENSE REIMBURSEMENT	
<b>To Whom Paid</b>		MICHELE FARRELL			<b>Date [MM/DD/YYYY]</b>	\$	150.00
					12/22/2021		
<b>House #</b>	608	<b>Street Address</b>	BEVERLY DRIVE		<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16505	REPAYMENT OF LOAN	
<b>To Whom Paid</b>		RODELL ASHBY			<b>Date [MM/DD/YYYY]</b>	\$	150.00
					12/22/2021		
<b>House #</b>	527	<b>Street Address</b>	VERMONT AVENUE		<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16505	REPAYMENT OF LOAN	
<b>To Whom Paid</b>		DAVE ASHBY			<b>Date [MM/DD/YYYY]</b>	\$	150.00
					12/22/2021		
<b>House #</b>	527	<b>Street Address</b>	VERMONT AVENUE		<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16505	REPAYMENT OF LOAN	
<b>To Whom Paid</b>		MARQUETTE			<b>Date [MM/DD/YYYY]</b>	\$	17.20
					12/14/2021		
<b>House #</b>	920	<b>Street Address</b>	PEACH STREET		<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16501	CHECKS	
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

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.

Filler Identification Number:	86-1982577
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Name of Creditor		CHRIS CAMPANELLI				Outstanding Balance of Debt	
House #	946	Street Address	W 36TH STREET		DATE DEBT INCURRED [MM/DD/YYYY]	\$	2,500.00
					05/10/2021		
City	ERIE		State	PA	Zip Code	16508	
Description of Debt		LOAN					

Name of Creditor		CHRIS CAMPANELLI				Outstanding Balance of Debt	
House #	946	Street Address	W 36TH STREET		DATE DEBT INCURRED [MM/DD/YYYY]	\$	250.00
					05/19/2021		
City	ERIE		State	PA	Zip Code	16508	
Description of Debt		LOAN					

Name of Creditor		CHRIS CAMPANELLI				Outstanding Balance of Debt	
House #	946	Street Address	W 36TH STREET		DATE DEBT INCURRED [MM/DD/YYYY]	\$	1,000.00
					10/22/2021		
City	ERIE		State	PA	Zip Code	16508	
Description of Debt		LOAN					

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							

**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.

<b>Filer Identification Number:</b>	86-1982577
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<b>Full Name</b>	WJET						
<b>House #</b>	8455	<b>Street Address</b>	PEACH STREET				
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16509	<b>Date [MM/DD/YYYY]</b>	\$ 170.00
<b>Receipt Description</b>	REFUND						
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							



**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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## 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 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 <sup>nd</sup> 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.

Gordon Robert Imboden  
Signature of Treasurer, Candidate, or Lobbyist

01/14/2022  
Date (DD/MM/YYYY)

Gordon Robert Imboden  
Printed Name

Erie, PA U.S.  
Location (City/State/Country)



**Pennsylvania Department of State**

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[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto: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

01/19/2022

Date (DD/MM/YYYY)

CHRIS D. CAMPANELLI

Printed Name

ERIE, PA. US.

Location (City/State/Country)