

(place X to the right of report type)	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2022	FILING METHOD () CHECK ONE			PAPER	<input checked="" type="checkbox"/>	DISKETTE	

Name of Office Sought by Candidate:	DATE OF ELECTION			District Number	Office Code	Party Code	County Code
	MO	DAY	YEAR	99999		DEM	25
	11	8	2022	(SEE INSTRUCTIONS FOR CODES)			

Summary of Receipts and Expenditures from:	MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY
	1	1	2022		12	31	2022	
A. Amount Brought Forward From Last Report				\$	548.71			
B. Total Monetary Contributions And Receipts (From Schedule I)				\$	0.00			
C. Total Funds Available (Sum Of Lines A and B)				\$	548.71			
D. Total Expenditures (From Schedule III)				\$	0.00			
E. Ending Cash Balance (Subtract Line D From Line C)				\$	548.71			
F. Value Of In-Kind Contributions Received (From Schedule II)				\$	0.00			
G. Unpaid Debts And Obligations (From Schedule IV)				\$	0.00			

2023 JAN 26 PM 2:42
 ERIE COUNTY
 VOTER REGISTRATION

AFFIDAVIT SECTION

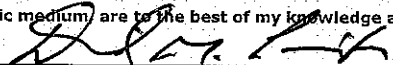
PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this
24th day of January
Tracey D. Hodapp
 Signature

COMMONWEALTH OF PENNSYLVANIA
 NOTARY SEAL
 TRACEY D. HODAPP, NOTARY PUBLIC
 ERIE COUNTY
 MY COMMISSION EXPIRES JULY 19, 2025
 COMMISSION NUMBER 1317241

My Commission Expires 7-19-2025
 MO DAY YR


 Signature of Person Submitting Report
DAVID M. PIANTA
 Printed Name
d.pianta@applefreekern.com
(814) Email 392-0216
 Area Code Daytime Telephone Number

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)		
Contributions Received From Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
TOTAL for the Reporting Period (2)	\$	0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)		
Contributions Received From Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
TOTAL for the Reporting Period (3)	\$	0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)		
TOTAL for the Reporting Period (4)	\$	0.00

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 Page1, Report Cover Page, Item B.)	\$	0.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	
\$	0.00

Full Name of Contributing Committee			DATE			AMOUNT
			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

Full Name of Contributor			DATE			AMOUNT
			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL	
\$ 0.00	

TOTAL for the Reporting Period (1)

0.00

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period (2)

\$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)

TOTAL for the Reporting Period (3)

\$ 0.00

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)

\$ 0.00

			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

			MO	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)		Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL	0.00

Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	\$	0.00