Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 2022	.0209			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBE	YIST	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		FRIE	END:	S OF I	ELECT JC	E KUJ	AWA						
Street Address:	5431 HENDEI	RSON RI	Э.													
City:	ERIE							State:	PA			Zip Cod	ie: 16	5509		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT	No	\		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	
report type)	ANNUAL REPORT	7. X	Year 2022					IG METHO				PAPER		/	DISKE	TTE
Name of Office S	ought by Candida	te:	-					DATE O	F ELE	СТІО	N	District Number	Office Code	Pari	ty Code	County Code
	<i>-</i>							МО	DAY	YE	AR	Number	Toode	REP		Couc
								11		8	2022		STRUCTIO	ONS FOR C	ODES)	
Summary of Expenditures	Receipts and	МО		AR		_	_	МО	DAY		AR	FO	R OFFI	CE USE	ONLY	
-			11 29	20)22	Т	1	1		2	2023					
	ught Forward Froi		•				\$				45.55					
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hec	dule	· I)	\$.06.04					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			8,9	51.59					
D. Total Expend	ditures (From Sch	edule II	I)				\$			8,9	51.59					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$				0.00					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00					
			А	FF.	IDA	١٧٧	T SE	CTION								
	a Committee rep	•							. ,							-
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached schedu	ules	filed	d on	paper (or by elect	ronic m	edium,	are to t	he best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me this day of	5	20							s	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	re					- -					Prin	ted Name	e		
My Commission Ex	_											Ema	il			
	МО	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	none Nui	nber	
Part II- If this is	a report of a can	didate's	authorized Co	mm	itte	e, C	andida	ate shall	all sign here.							
I swear (or affirm) No 320) as amende		ny knowle	edge and belief t	:his	politi	ical	commi	ittee has n	ot violated any provisions of the act of June 3,1937 (P.L. 13						1333,	
Sworn to and subsc	ribed before me this								Signature of Candidate							<u> </u>
	day of						-					Printe	d Name			<u> </u>
	Signature						-									
My Commission Exp	ires											Ema				
	мо	D	AY	YR			-		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF ELECT JOE KUJAWA	From:	11/29/202	<u>22</u> To:	1/2/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	86.04
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)	\$	20.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	106.04

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee of Candidate			Reporting Period From: To:					
			Fro	m:		10):	
					DATE		AMOUNT	
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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

PAGE TOTAL \$0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candida	ate			Rep	orting Pe	riod			
				Froi	n:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	i 4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE TOTAL
								•	0.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Po	eriod	
FRIENDS OF ELECT JOE KUJAWA	From:	<u>11/29/2022</u> To:	1/2/2023

			D	ATE		AMOUNT
Full Name					VEAD	
ENGEL-ONEILL			МО	DAY	YEAR	
Mailing Address 2124 WEST 21ST ST.						\$ 20.00
City ERIE	State	Zip Code (Plus 4)	12	7	2022	
	PA	16502				
Receipt Description REFUND) - OVERPAYMENT					

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

PAGE TOTAL \$ 20.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	iod	
FRIENDS OF ELECT JOE KUJAWA	From:	11/29/2022 To:	1/2/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candida	te		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sci Section 2.	nedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL
occuon 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reportii	ng Period				
FRIENDS OF ELECT JOE KUJ	IAWA		From	11/29	9/2022	То:	1/2/2023	
				DATE			AMOUNT	
To Whom Paid JOE KUJAWA			мо	DAY	YEAR			
Mailing Address 5431 HEN	NDERSON RD.		11	10	2022	\$	3,000.00	
City ERIE State Zip Code (Plus 4) PA 16509				Description of Expenditure REIMBURSEMENT FOR LOAN TO COMMITTEE				
To Whom Paid COLONY PUB & GRILLE			мо	DAY	YEAR			
Mailing Address 3014 W. 12TH ST.				9	2022	\$	1,732.90	
City ERIE	State PA	Zip Code (Plus 4) 16506	_ I	otion of Exp RY PARTY	penditure			
To Whom Paid JOE KUJAWA	·		мо	DAY	YEAR			
Mailing Address 5431 HEN	NDERSON RD.		12	2	2022	\$	61.06	
City ERIE	State PA	Zip Code (Plus 4) 16509	- I	otion of Exp				
To Whom Paid KRISTI MATHELS			мо	DAY	YEAR			
Mailing Address 5149 HEN	Mailing Address 5149 HENDERSON RD.			10	2022	\$	210.55	
City ERIE State Zip Code (Plus 4) PA 16509				otion of Exp RT FOR VI				

	РА	16509	DESSEI	RT FOR VIO	LIORY PA	ARTY	
To Whom Paid SUE'S NOTARY SERVICE			МО	DAY	YEAR		
Mailing Address 1353 WEST 38TH ST.			12	3	2022	\$	22.00
City ERIE	State PA	Zip Code (Plus 4) 16508		otion of Exp	enditure		

City HARBORCREEK State PA 16421 To Whom Paid WOMEN'S CARE CENTER OF ERIE COUNTY, INC. Mailing Address 4408 PEACH ST. SUITE 202 City ERIE State PA 2ip Code (Plus 4) 16421 12 20 2022 \$ City ERIE State PA 16509 Description of Expenditure ODNATION To Whom Paid PEOPLE FOR LIFE Mailing Address 1625 W. 26TH ST. 12 16 2022 \$	300.00				
City ERIE State PA State 165159998 POSTAGE - CERTIFIED MAIL To Whom Paid COUNTRY FAIR #56 Mailing Address 4753 BUFFALO RD 12 16 2022 \$ City ERIE State PA Zip Code (Plus 4) Description of Expenditure GIFT CARDS To Whom Paid WAL-MART Mo DAY YEAR Mailing Address 5741 BUFFALO RD. 12 16 2022 \$ City HARBORCREEK State PA Zip Code (Plus 4) Description of Expenditure GIFT CARDS To Whom Paid WOMEN'S CARE CENTER OF ERIE COUNTY, INC. Mo DAY YEAR Mailing Address 4408 PEACH ST. SUITE 202 12 20 2022 \$ City ERIE State Zip Code (Plus 4) Description of Expenditure GIFT CARDS To Whom Paid WOMEN'S CARE CENTER OF ERIE COUNTY, INC. Mo DAY YEAR 16509 Description of Expenditure DONATION To Whom Paid PA 16509 Description of Expenditure DONATION To Whom Paid PEOPLE FOR LIFE 1625 W. 26TH ST. 12 16 2022 \$					
PA	300.00				
PA	300.00				
Mailing Address 4753 BUFFALO RD State PA	300.00				
City ERIE State PA State PA Bescription of Expenditure GIFT CARDS To Whom Paid WAL-MART Mo DAY YEAR Mailing Address 5741 BUFFALO RD. 12 16 2022 \$ City HARBORCREEK State PA State PA State PA State PA 16421 Description of Expenditure GIFT CARDS To Whom Paid WOMEN'S CARE CENTER OF ERIE COUNTY, INC. Mailing Address 4408 PEACH ST. SUITE 202 12 20 2022 \$ City ERIE State PA State	300.00				
To Whom Paid WAL-MART Mo DAY YEAR Mailing Address 5741 BUFFALO RD. City HARBORCREEK State PA 16421 To Whom Paid WOMEN'S CARE CENTER OF ERIE COUNTY, INC. Mailing Address 4408 PEACH ST. SUITE 202 City ERIE To Whom Paid WOMEN'S CARE CENTER OF ERIE COUNTY, INC. Mo DAY YEAR Zip Code (Plus 4) 16421 Description of Expenditure GIFT CARDS To Whom Paid WOMEN'S CARE CENTER OF ERIE COUNTY, INC. Mo DAY YEAR Zip Code (Plus 4) 16509 Description of Expenditure DONATION To Whom Paid PEOPLE FOR LIFE Mo DAY YEAR Mailing Address 1625 W. 26TH ST. 12 16 2022 \$					
To Whom Paid WAL-MART Mo DAY YEAR Mailing Address 5741 BUFFALO RD. 12 16 2022 \$ City HARBORCREEK State PA 16421 To Whom Paid WOMEN'S CARE CENTER OF ERIE COUNTY, INC. Mailing Address 4408 PEACH ST. SUITE 202 City ERIE State PA 2ip Code (Plus 4) 16421 12 20 2022 \$ City ERIE Description of Expenditure Find Code (Plus 4) 16509 Description of Expenditure DONATION To Whom Paid PEOPLE FOR LIFE Mo DAY YEAR Mo DAY YEAR To Whom Paid PEOPLE FOR LIFE Mo DAY YEAR Tity Code (Plus 4) 16 2022 \$					
WAL-MART Mailing Address 5741 BUFFALO RD. State PA State 16421 To Whom Paid WOMEN'S CARE CENTER OF ERIE COUNTY, INC. Mailing Address 4408 PEACH ST. SUITE 202 State PA State 2 Zip Code (Plus 4) 16509 MO DAY YEAR PA 16509 Description of Expenditure GIFT CARDS \$ 20 2022 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					
City HARBORCREEK State PA					
To Whom Paid WOMEN'S CARE CENTER OF ERIE COUNTY, INC. Mailing Address 4408 PEACH ST. SUITE 202 City ERIE State PA PA To Whom Paid PEOPLE FOR LIFE Mailing Address 1625 W. 26TH ST. PA 16421 MO DAY YEAR Description of Expenditure DONATION MO DAY YEAR 16509 Tin Code (Plus 4) 16509 Tin Code (Plus 4) 12 16 2022 \$	1,429.64				
To Whom Paid WOMEN'S CARE CENTER OF ERIE COUNTY, INC. Mailing Address 4408 PEACH ST. SUITE 202 City ERIE State PA PA To Whom Paid PEOPLE FOR LIFE Mo DAY YEAR Description of Expenditure DONATION To Whom Paid PEOPLE FOR LIFE Mo DAY YEAR 12 20 2022 \$ To Whom Paid PEOPLE FOR LIFE Mo DAY YEAR To Scale (Plus 4) 16509 To Scale (Plus 4) 16509 Tip Code (Plus 4) 16509	Description of Expenditure				
WOMEN'S CARE CENTER OF ERIE COUNTY, INC. Mailing Address 4408 PEACH ST. SUITE 202 12 20 2022 \$ City ERIE State PA 16509 Description of Expenditure DONATION To Whom Paid PEOPLE FOR LIFE Mailing Address 1625 W. 26TH ST. 12 16 2022 \$					
City ERIE State PA PA Description of Expenditure DONATION To Whom Paid PEOPLE FOR LIFE Mailing Address 1625 W. 26TH ST. 12 To Code (Plus 4) 16509 Description of Expenditure DONATION YEAR 12 16 2022 \$					
To Whom Paid PEOPLE FOR LIFE Mailing Address 1625 W. 26TH ST. PA 16509 DONATION MO DAY YEAR 12 16 2022 \$	500.00				
To Whom Paid PEOPLE FOR LIFE Mo DAY YEAR Mailing Address 1625 W. 26TH ST. 12 16 2022 \$					
PEOPLE FOR LIFE Mo DAY YEAR Mailing Address 1625 W. 26TH ST. 12 16 2022 \$					
1023 W. 20111 51.					
City State Zin Code (Plus 4)	720.00				
City ERIE State Zip Code (Plus 4) Description of Expenditure					
PA 16506 DONATION					
To Whom Paid WAL-MART MO DAY YEAR					
Mailing Address 1825 DOWNS DR. 12 20 2022 \$	969.76				
City ERIE State Zip Code (Plus 4) Description of Expenditure					
PA 16509 GIFT CARDS					
PAGE T					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. \$ 8	OTAL				