

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	<input checked="" type="checkbox"/> Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	The Committee to Elect Kim Clear			
Street Address	4855 Asbury Rd			
City	Eric	State	PA	Zip Code 16506

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 checked="" 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)	5/18/21	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	2/23/21	5/6/21	
A. Amount Brought Forward From Last Report	\$	3102.09	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	13,524.86	
C. Total Funds Available (Sum of Lines A and B)	\$	16,626.95	
D. Total Expenditures (From Schedule III)	\$	5772.52	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	10854.43	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	460	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

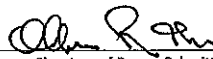
Affidavit Section

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.

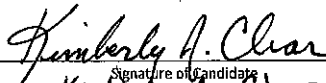

Signature of Person Submitting report
Alan R. Thayer
Printed Name
814 882-4951
Area Code Daytime Telephone Number

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
Kimberly A. Clear
Printed Name
814 881-9270
Area Code Daytime Telephone Number

2021 MAY -7 PM 5:37
ERIE COUNTY
VOTER REGISTRATION

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		83-3710783
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor		
Total for the reporting period (1)		\$ 1039.23
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 100
All Other Contributions (Part B)		\$ 1158.54
Total for the reporting period (2)		\$ 1258.54
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ -0
All Other Contributions (Part D)		\$ 11,227.09
Total for the reporting period (3)		\$ 11,227.09
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)		\$ 0
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)		\$ 13,524.86

PART A
Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number		83-3710783					
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							Amount
Full Name of Contributing Committee		LPAC Erie			Date [MM/DD/YYYY]	4/22/2021	\$ 100
House #	120	Street Address		W. 10th St.		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16501	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]	\$
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 B

See Attached

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

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

Filer Identification Number:		83-3710783			
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	

F.I.D.
83-3710783

Figure 1. The effect of the initial concentration of the monomer on the polymerization of α -methylstyrene initiated by TiCl_4 in CH_2Cl_2 at -78°C . The concentration of the initiator was 1.0×10^{-2} mole/l. The concentration of the monomer was 0.05 mole/l. The concentration of the monomer was 0.05 mole/l. The concentration of the monomer was 0.05 mole/l.

SCHEDULE I Part D - Contributions and Receipts between \$50.01-\$250

[illegible]

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:	<div style="font-size: 1.2em; font-family: cursive;">83-3710783</div>
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Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Date [MM/DD/YYYY]			
Street Address				Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Date [MM/DD/YYYY]			
Street Address				Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Date [MM/DD/YYYY]			
Street Address				Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Date [MM/DD/YYYY]			
Street Address				Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Date [MM/DD/YYYY]			
Street Address				Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Date [MM/DD/YYYY]			
Street Address				Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Date [MM/DD/YYYY]			
Street Address				Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART D
All Other Contributions

Over \$250.00

See attached

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:	83-3710783
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		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]	\$
City	State	Zip Code		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]	\$
City	State	Zip Code		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]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					

PART E

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.

None

Filer Identification Number:	83-3710783
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Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								

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

Filer Identification Number:	83-3710783
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
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TOTAL for the reporting period	(1)	\$	25
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2. IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
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TOTAL for the reporting period	(2)	\$	435
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3. IN-KIND CONTRIBUTION RECEIVED: VALUE OVER \$250.00 (FROM PART G)		
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TOTAL for the reporting period	(3)	\$	0
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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, Report Cover Page, Item F)	\$	460
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

See attached

Filer Identification Number:	83-3710783
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						

In Kind Donations									
Name	Address	City	State	Donation \$	To	Reason			
Kristen Hromyak	Mic Drive	Macedonia	OH	200	Waldameer	Fundraiser Prize gift cert			
Vintage and Soul	916 W. Erie Plaza Dr	Erie	PA	150	Vintage and Soul	Fundraiser Prize gift cert			
Erie Appeal	2309 W. 12th St	Erie	PA	25	Erie Appeal	Fundraiser Prize gift cert			
Laura Orlando	2876 N. Birch Run	Erie	PA	85	Erie Zoo	Fundraiser Prize gift cert			
				460					

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

None

Filer Identification Number:	83-310783
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III

Statement of Expenditures

See attached

Filer Identification Number	83-3710783
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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			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

Millcreek Township Supervisor - Expenses Payments									
SCHEDULE III Statement of Expenditures									
To Whom Paid	House #	Street	City	State	Zip	date	Amount	Expenditure	
Desantis Signs	540	W. 18th	Erie	PA	16502	2/23/2021	1641.94	Yard Signs, buttons	
Desantis Signs	540	W. 18th	Erie	PA	16502	3/5/2021	1160.7	Palm Cards	
Vista Print	275	Wyman St	Waltham	MA	2451	3/7/2021	153.65	Business Cards, hat, cards, magnet	
Constant Contact	1601	Trappe Rd Suite 329	Waltham	MA	02451	3/29/21	23.85	Website	
Creative Imprints	2670	W. 11th St	Erie	PA	16505	3/29/21	637.75	T-shirts	
Zoom	55	Almaden Blvd	San Jose	CA	95113	3/30/21	15.89	Zoom for fundraiser	
Caleb Buzard	5327	Heidt Ave	Erie	PA	16506	3/27/21	150	3 weeks social media 3/15-4/3	
Seawolves	831	French St	Erie	PA	16501	3/29/21	95	Tickets for Fundraiser Prize	
Desantis Signs	540	W. 18th St	Erie	PA	16502	4/11/21	726.1	Remaining of Palm Cards	
Caleb Buzard	5327	Heidt Ave	Erie	PA	16506	4/6/21	200	\$-Jel Media 4/4-4/31/21	
Friends of Aubree Hayes	1004	W. 36th St	Erie	PA	16508	4/8/21	30	Fundraiser to network	
Comitee to elect Sanfilippo	2921	Flower Rd	Erie	PA	16506	3/27/21	50	Fundraiser to network	
The Cork	900	W. Erie Plaza Dr	Erie	PA	16505	4/7/21	100	Fundraiser Prize gift certificate	
Erie Appeal	2309	W. 12th St	Erie	PA	16505	4/7/21	36.8	Fundraiser Prize Hoodie	
Izzy and Gab	964	W. Erie Plaza Dr	Erie	PA	16505	4/7/21	100	Fundraising Certificate	
Patti's Pizza	3403	W. 38th St	Erie	PA	16506	4/7/21	50	Fundraising Certificate	
Mason Farms	839	Peninsula Dr	Erie	PA	16505	4/7/21	50	Fundraising Certificate	
Senior News	PO Box 3056		Erie	PA	16508	4/14/21	270	April Advertising	
Post Office	128	Legion Rd	Erie	PA	16508	4/14/21	8.8	Mail Letters	
Lavery's	4879	W. 12th	Erie	PA	16501	4/16/21	25	Fundraising Certificate	
Elect Jill Beck	4879	Thoroughbred Lc	Erie	PA	16506	4/16/21	30	Fundraiser to Network	
Constant Contact	1601	Trappe Rd Suite 329	Waltham	MA	02451	4/23/21	23.85	Website	
Public House	4575	West Ridge Rd.	Erie	PA	16506	4/30/21	33.19	Campaign Meeting	
Committee to Elect Janis Filbeck	4879	Thoroughbred Lc	Erie	PA	16506	4/30/21	50	Campaign meeting <i>ANNUAL EVENT-NETWORK</i>	
The Committee To Elect Campinelli	946	W. 36th	Erie	PA	16508	4/29/21	50	Campaign meeting <i>ANNUAL EVENT-NETWORK</i>	
The County of Erie	140	W. 6th St	Erie	PA	16501	5/4/21	60	Jump drive for addresses	
							5772.52		

2021 MAY -7 PM 5:37

ERIE COUNTY
VOTER REGISTRATION



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

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements). 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 and only so long as the waiver referenced above is in effect. This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Name of Filing Committee, Candidate, or Lobbyist			
The Committee to Elect Kim Clear			
Reporting Cycle Name			
<input checked="" type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<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.

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 Treasurer, Candidate, or Lobbyist

5/7/21

Date

Allan R. Thayer

Printed Name

DSEB-502R
4/15/2020



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.

Kimberly F. Clear
Signature of Candidate

5-7-21

Date

Kimberly Clear

Printed Name