(Note.	his report must be cle	ar and regione. It	silouid be typel		
Filer Identification Number	Report Filed By C: ( Mark X)	andidate -	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	The Commi	Hee to	Elect K	im Clear	
Street Address		Asbury R	d		
oly Eric	S <sub>1</sub>	PA-	Zip Code	16506	
Type of Report (Place x under report type)					
1-6 <sup>th</sup> Tuesday 2-2 <sup>th</sup> Friday 3-30 Day Pos Pre-Primary Pre-Primary Primary	t 4-6 <sup>th</sup> Tuesday 5-2 <sup>nd</sup> F Pre-Election Pre-Ele	98 TO LEEK 128 ME	Post 7-Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 5/18/21	Year 20a	Amendme Report		Termination Report	
Summary of Receipts and From Date Expenditures 2) 23/21	To Date 5/6/21		For	Office Use Only	
A. Amount Brought Forward From Last Repo	3102.0	9			
B. Total Monetary Contributions and Receip (From Schedule I) C. Total Funds Available (Sum of Lines A and B)	13,524.	86			<del>a</del> g
D. Total Expenditures (From Schedule III) E. Ending Cash Balance	\$ 5712.5	52			
(Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)	\$ 10854.4 \$ 460	43			1
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0				
		davit Section			3
Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the at				ue, correct and comple	ete.
Sworn to and subscribed before me this		$\sim$	$\bigcirc \bigcirc$		
day of20	- '		ture of Person Subm	nifting report	
Signature	- F	A)	Naw K. Printed Nam	1 1 30 4 9 0 3	
My Commission expires	, <b>,</b>	814 Area Code	8.	82 - 495/ time Telephone Numb	er
Part II- If this is a report of a Candidate's Authorize I swear (or affirm) that to the best of my knowledg amended.			ed any provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this	_	Him	berly A. ( Signature of Candi	liar Clear	
Signature  My Commission expires  MO. DAY YR.	ا. –	Area Code	Printed Name	281-9370 time Telephone Number	er

## SCHEDULE (

# **Contributions and Receipts**

**Detailed Summary Page** 

83-37/0783	******	The second secon
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)	\$	115854
Total for the reporting period (2	) \$	1,258,54
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	· <i>-</i> O
All Other Contributions (Part D)	\$	11,227.09
Total for the reporting period (3	) \$	//,227.09 //,327.09
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)	t \$	13,524.86

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#### 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	83-3	710783			
And the state of t					Amount
Full Name of Contributing Committee	LPAC W.104h	Erie		S کے ایک الک الک الک الک الک الک الک الک الک ال	100
House # Street Addre	00-007			Date [MM/DD/YYYY] \$	
Eac	State	Zip Code	16501	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee				Date [MM/DD/YYYY] S	
House # Street Addre	155 155			Date [MM/DD/YYYY] %	
City	State	Zip Code		Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
House # Street Addre			-	Date [MM/DD/YYYY] \$	
City	State	Zip Code		Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee				Date [MM/DD/YYYY] \$	
House # Street Addre				Date [MM/DD/YYYY] \$	
City	State	Zip Code		Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee				Date [MM/DD/YYYY] S	
House # Street Addre	365			Date [MM/DD/YYYY] S	a variable to the control of the con
City	State	Zip Code		Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee				Date [MM/DD/YYYY] \$	With the party of
House # Street Addre				:Date [MM/DD/YYYY] S	To an included the second seco
City	State	Zip Code	•	Date [MM/DD/YYYY] \$	

See Attatched

#### PART B

### **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.)

			*** ** ** ** *** * **** * **** * * * * *	
-1	Filer Identification Number:			
18	Lifet identification laditibel:	60 0d.0000		
Ĉ.	AND THE RESERVE OF THE PARTY OF	01.2-110.1V2		
Ηĕ		x 5- 3 / 10 / 4 3		

and the second s	700 00 0 00 00 00 00 00 00 00 00 00 00 0			
Full Name of Contributor			Date [MM/DD/YVYY]	\$
House # Street Address	,		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$5.
Full Name of Contributor,	3 mes (1995) 21-36	The state of the state of the	Date [MM/DD/YYYY]	(\$ )
House # Street Address			Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	5.
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	<b>75</b>
City	State	Zip Code	Date [MM/DD/YYYY]	\$ 3
Full Name of Contributor			Date [MM/DD/YYYY]	5
House # Street Address			Date [MM/DD/YYYY]	\$ 1
CitY	State	Zip Códe	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	5
House # Street Address			Date [MM/DD/YYYY]	\$
City :	State	ZIp Code	Date [MM/DD/YYYY]	\$   
Full Name of Contributor	- 80 (S) (S) (S)	Probability	Date [MM/DD/YYYY]	\$\$
House #. Street Address	·	·	Date [MM/DD/YYYY]	<b>(\$</b>
City	State	Zjp Code	Date [MM/DD/YYYY] %	\$

FID.

Committee to Elect Kim Clear	t Kim Cle	A PARTY OF THE PAR	93-3710183	レレー	9	W	i Vodestalis	A COMMITTEE OF THE PROPERTY OF	
Milicreek Township Supervisor	p Superv	METERS OF STATE OF ST	The state of the s				-	The second secon	THE THE PROPERTY OF THE PROPERTY OF THE THE PROPERTY OF THE
SCHEDULE I Part D - Contributions and Receipts between \$50.01-\$250	- Contrit	outions and Rec	eipts bet	ween	\$50.01	<u>-\$250</u>	THE PARTY OF THE P	Address	- Andrews and Andr
TO THE REAL PROPERTY OF THE PR		A CONTRACTOR OF THE PROPERTY O							
<u>Full Name</u>	House #	Street	City	State	Zip	date	<u>Amount</u>	Amount Occupation	Employer
Melissa Grimm	4238	Prestwick Dr.	Erie	PΑ	16506	16506 4/6/2021	100	100 Admissions Councelor	Penn State Behrend
Roberta Rubin	Ϋ́		Erie	PA		4/17/21	117.44	117.44 Retired Nurse	retired
Mark Dombrowski			Harborcre PA	PA		4/18/21	141.1	141.1 Government Relations	Erie Insurance
Nadine & Dave Tarbell	3315	3315 Caughey Rd.	Erie	PΑ	16506	4/19/21	100	100 Retired	***************************************
Caltlin Handerhan	120	120 S Shenango	Mercer	PΑ	16137	4/21/21	100	100 Professor	Penn State Behrend
Dana James	1250	1250 Beaver Dr.	Erie	PA	16509	4/19/21	100	100 Teacher	Millcreek Schools
Scott Bridger	3040	3040 W. 25th St.	Erie	PA	16506	4/20/21	100		
David Zacks	3721	3721 Volkman Rd.	Erie	PA	16506	4/18/21	100	100 Retired	Retired
Robyn LaSalvia	12979	12979 State Line Rd	Corry	PΑ	16407	4/26/21	200	200 Structure Building	Riverside Structures
Melanie Hamilton	2711	2711 Garvey Ln	Enie	PΑ	16506	4/28/21	100	100 retired	retired
W TO COMMUNICATION AND AN ARCHARGA ARCHARCHARGA ARCHARGA	The second secon	And in the second secon		3.00**		The state of the s			
and the state of t							1158.54		ACTION AND ADMINISTRATION OF THE PARTY OF TH

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#### 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:	83-371	0783		
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Add	lress		Date [MM/DD/YYYY] S	-
City	State	Zip Code	Date [MM/DD/YYYY] \$1	
			The state of the s	
Full Name of		•	Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Add	iress		Date [MM/DD/YYYY] \$	-
			233	
/City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Add	iress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Add	ress		Date [MM/DD/YYYY] > \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
7.8:24				
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Add	ress		Date:[MM/DD/YYYY] \$	
City	State	-Zip Code	Date [MM/DD/YYYY] \$	
			<u> </u>	,
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Add	ress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

# PART D All Other Contributions



Over \$250.00

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: \$3	- 3710	783	
Füll Name of Contributor	to charge to desire a second		Date [MM/DD/YYYY] \$
House# Street Address			Date [MM/DD/YYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] 3 3
Employer Name  Employer Mailing Address /	[PERSONALE]	(horarde weathy) (see (c)	Occupation
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] \$3
House #. Street Address			*Date [MM/DD/XXYX] \$ .
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address /		The state of the s	Occupation
Principal Place of Business Full Name of Contributor	• • • • • • • • • • • • • • • • • • • •	<u> </u>	Date [MM/DD/\(\)\(\)\(\)\(\)
House# Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address /			Occupation (
Principal Place of Business Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Codé	Date [MM/DD/YYY] \$
Employer Name	hour of config	Total Assertion (Assert College)	Occupation
Employer Mailing Address / Principal Place of Business			

#### 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.

Filer Identification Number:	83-37	10783		a special and services and the men
Full Name				
House # Stre	et Address		···	
City	NAME OF THE OWNER, WHEN THE OW	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			<b>学等是需要</b>	<u>                                    </u>
Full Name House# Stre	et Address			
City Stre	et Address	State :	Zip	Date [MM/DD/YYYY]
Receipt Description			Code	Date [MM/DD/YYYY] \$
Full Name				
	et Address			
Gity and the second sec		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		之所以 <b>是</b> 公共200		
Full Name  House # Street	et Address			
City	er Address	State	Zip	Date [MM/DD/YYY] \$
Receipt Description			Code	
Full Name		<u> </u>		
130 M	et Address	The same sideoff	THE STATE OF THE S	
City Manager Apple		State	.Zip Code	Date [MM/DD/YYYY] & \$
Receipt Description		2000 Manuach med	20300007/(euros ))	
Full Name  House # Stree	et Address		<u> </u>	
City: Management	The Barrier	State	Zip	Dáte [MM/DD/XYYY] \$
Receipt Description		7. 4	Cone	

#### SCHEDULE II

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Filer identification Number:	83-3710	183			
1 - Unitemized in Kind Contri	IBUTIONS RECEIVED VA	LUE OF \$50.00 OR	LESS PER CONTRIBUTOR		es Tar
TOTAL for the reporting period	(1)	\$	2 5		
L	EIVED-VALUE OF \$50.0	1 TO \$250 00 (FRO			
TOTAL for the reporting period	(2)	\$	435		
3 IN-KIND CONTRIBUTION RECE	TVED-VALUE OVER \$250	D.00 (FROM PART O	G)		
TOTAL for the reporting period	(3)	\$	0	and the second s	9 Total White page
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fit on Page 1, Report Cover Page, Item F)		1 ' 1	460		

#### SCHEDULE II PART F

Sel attached

#### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

日本は生物の影響の対象を含めて、またはななないというできる状態が			 	
■ Filer Identification Number: **				
Property Common Commence (Commence Commence Comm	12			
	13.2	2-1/-7 02		
- 524-2859 (40902-29592 Campa Salaba Angara Angara Angara	<i>y</i> 1	~ 11/2/2/		
ACCORDED DE SES ESTRES DE SE ESTRES DE SES ESTRES DE SE ES	7			
Filer Identification Number:	0 -			
	and the contract of the contra			

		the state of the s		
Full Name of Contributor			Date [MM/DD/YYYY]	<b>.</b>
House'# Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Description of Contribution				
				<u> </u>
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	and the second	PROPERTY NEW	likis	32 
Full Name of Contributor	·!	the second secon	Date [MM/DD/YYYY]	
1		,		
House # Street Address	<del></del>		Date [MM/DD/XXXX]	
City	5tate	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution	Story a reason to 1	[39] Patramago e arte de a cida	LES	724 I
Full Name of Contributor	·		Date [MM/DD/YYYY]	
House # Street Address	1		Date [MM/DD/YYYY]	
City.	State	Zip Code	Date [MM/DD/YYYY] S	
Description of Contribution				<u> </u>
Full Name of Contributor			Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY] . \$	*
			<u> </u>	
Description of Contribution				

dress	Ch	State	Donation \$	To	Reason
dress	CILY	State	POLICIA	I C	Vegaou
Mic Drive	Macedonia	오	200	Waldameer	Fundraiser Prize gift cert
916 W. Erie Plaza Dr	Erie	PΑ	150	Vintage and Soul	Fundraiser Prize gift
2309 W. 12th St	Erie	PΑ	25	Erie Appearal	Fundraiser Prize gift cert
2876 N. Birch Run	Erie	₽	85	Erie Zoo	Fundraiser Prize gift cert
	ar annumble on a				
			, 460	And the second s	
	Address Mic Drive 916 W. Erie Plaza Dr 2309 W. 12th St 2876 N. Birch Run		City Macedonia Erie Erie Erie	City State Donation Macedonia OH Erie PA Erie PA Erie PA	City         State         Donation \$         To           Macedonia         OH         200         Waldameer           Erie         PA         150         Vintage and Soul           Erie         PA         25         Erle Appearal           Erie         PA         85         Erle Zoo

# SCHEDULE II Part G

Filer Identification Number:

**In-Kind Contributions Received** VALUE OVER \$250

Nowl

Filer Identification Number:	<u>83</u> -3	110783	
Security of the second security of the second secon			Proceditable/for//vvvvi@ssslicesi
Full Name of Contributor			Date MM/DD/YYYY] \$
House # Street A	Address		*Date [MM/DD/YYYY]
City	State	Zip Code	Date [MM/DD/YYYY) \$
Employer Name			Occupation
Employer Mailing Address / Pr Place of Business	incipal		Description of Contribution
Full Name of Contributor	and the state of t		©Date [MM/DD/YYYY] \$ \$
House # Street A	daress		Date [MM/DD/YYY] \$
City	State	Zip Codé	Date [MM/DD/YYYY] \$
Employer Name			:Occupation
Employer Mailing Address / Pr Place of Business	rincipal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A			Date [MM/DD/YYYY] S
City	State	- Zip Crde	Date [MM/DD/YYYY] \$
Employer Name			Occupation (
Employer Mailing Address / P Place of Business	rincipal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street A			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation .
Employer Mailing Address / P Place of Business	rincipal		Description of Contribution

SCHEDULE III **Statement of Expenditures** 

attached

Filer Identificatio	n Number:	83-371	0783	
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 i		State	Zip Code	
To Whom Pald				Date [MM/DD/YYYY] \$
House #	Street Address	(A. A. Construction of the	v=etroconstant	Description of Expenditure
City	51974	State	Zip Code,	Date[MM/DD/YYYY] \$
To Whom Paid		<u> </u>		
House #	Street Address	State	Zip	Description of Expenditure
City To Whom Paid		uneku, Militak	Cade	Qate [MM/DD/YYYY] \$
900			<del> </del>	Description of Expenditure
House #	Street Address	State	Zip	Pescription of Experiment
To Whom Paid			Code	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City 3	Silver Addiess	State	Zip	
To Whom Paid			Code	Date [MM/OD/YYYY] \$ \$
House #	Street Address			. Description of Expenditure
City		State	Zip	
To Whom Paid			Code	Date [MM/DD/WYY] \$
House #	Street Address			Description of Expenditure

Filer Identification Number:

Millcreek Township Supervisor - Expences Payments	or - Expence	s Payments							
SCHEDULE III Statement of Ex	xpenditures	10.000 de la companya della companya de la companya de la companya della companya	- Charles and Char						
			1084						
To Whom Paid	House #	Street	刮	<u>State</u>	Zio	date	Amount	Expenditure	
Desantis Signs	540	540 W. 18th	Erie	PA	16502	2/23/2021	1641.94	1641.94 Yard Signs, buttons	
Desantis Signs	540	540 W. 18th	Erie	PA	16502	3/5/2021	1160.7	1160.7 Palm Cards	
Vista Print	275	275 Wyman St	Waltham	МА	2451	3/7/2021	153.65	153.65 Busness Cards, hat, cards, magnet	
Constant Confact	1601	1601 Trapelo Rd Suite 328	Waltham	MA	02451	3/29/21	23.85	23.85 Website	
Creative Imprints	2670	2670 W. 11th St	Erie	PA	16505	3/29/21	637.75	637.75 T-shirts	
Zoom	55	55 Almaden Blvd	San Jose	క	95113	3/30/21	15.89	15.89 Zoom for fundraiser	
Caleb Buzard	5327	5327 Heidt Ave	Erie	PA	16506	3/27/21	150	150 3 weeks social media 3/15-4/3	
Seawolves	831	831 French St.	Erie	PA	16501	3/29/21	95	95 Tickets for Fundraiser Prize	
Desantis Signs	540	540 W.18th St.	Erie	PA	16502	4/11/21	726.1	726.1 Remaining of Palm Cards	
Caleb Buzard	5327	5327 Heidt Ave	Erie	PA	16506	4/6/21	200	200 S- sial Media 4/4-4/31/21	
Friends of Aubrea Hayes	1004	1004 W. 36th St.	Erie	PA	16508	4/8/21	30	30 Fundraiser to network	
Comittee to elect Sanfilippo	2921	2921 Flower Rd.	Erie	PA	16508	3/27/21	50	50 Fundraiser to network	
The Cork	900	900 W. Erle Plaza Dr Erle	Erie	PA	16505	4/7/21	100	100 Fundraiser Prize gift certificate	
Erie Appearal	2309	2309 W. 12th St	Erie	PA	16505	477121	36.8	36.8 Fundraiser Prize Hoodie	
tzzy and Gab	964	964 W. Erie Plaza Dr Erie	Erie	PA	16505	477121	100	100 Fundraising Certificate	
Patil's Pizza	3403	3403 W. 38th St.	Erie	PA	16506	4/7/21	50	50 Fundraising Certificate	
Mason Farms	839	839 Peninsula Dr	Erie	PA	16505	477/21	20	50 Fundraising Certificate	
Senior News	PO Box 3056	-	Erie	PA	16508	4/14/21	270	270 April Advertising	
Post Office	w	Legion Rd	Erie	PA	16506	4/14/21	8.8	8.8 Mail Letters	
Lavery's	128	128 W. 12th	Erie	PA	16501	4/16/21	25	25 Fundraising Certlificate	
Elect Jill Beck	4879	4879 Thoroughbred Lc Erie	ÇErie	PA	16506	4/16/21	30	30 Fundraiser to Network	
Constant Contact	1601	1601 Trapelo Rd Sulte 329	Waltham	MA	02451	4/23/21	23.85	23.85 Website	
Public House	4575	4575 West Ridge Rd.	Erie	PA	16506	4/30/21	33.19	33.19 Campaign Meeting	
Committee to Elect Janis Filbeck	4879	4879 Thoroughbred Lc Erie	Érie	PA	16506	4/30/21	50	50 Campaigna Cation Color Cond- with war	teak
The Committee To Elect Campinelli	946	946 W. 36th	Erie	PA	16508	4/29/21	50	50 Campaign and Cantage and Frest-network	J. John
The County of Erie	140	140 W. 6th St	Erie	P.	16501	5/4/21	09	60 Jump drive for addresses	
And the second s	Annual Company of the							10 To	
	***************************************				The state of the s		0	and the state of t	
The state of the s		The second secon		-			26.2779	remain	

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 <u>Temporary Waiver of Notarization Reguirement for Campaign Finance Reports and Statements</u>). 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 Comm	nitter Cantidate on	kobbyjst	
AMERICA REPORT OF THE PARTY OF	Hee to Elect	Kim Clear	
☑ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 9
6 <sup>th</sup> Tuesday Pre-Primary	2 <sup>nd</sup> Friday Pre-Primary	30 Day Post Primary	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

Allan R. Thave C

Printed Name

DSEB-502R 4/15/2020



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 Clear

Printed Name