

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	N/A	Report Filed I		ate Silo	Committee	<u> </u>	Lobbyist
Name of Filing Committee, Ca Lobbyist	ndidate or	( Mark X) Brian W. Gloude	mans		,		
Street Address		5550 Franklin Ro				<del></del> -	
City		JJJOU F TAITKIIII NC	State		Zip Code	T "*-	
FailView		·	otate	PA .	Zip Gode	16415	
Type of Report (Place x under							
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday Pre-Primary Pre-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
Date Of Election (MM/DD/YYYY)	05/18/2021	Year	2021	Amendment Report		Termination Report	
Summary of Receipts and	From Date	To Date	<del></del>		For	Office Use Only	
Expenditures	05/03/2021	1 1	/03/2021			· · · · · · · · · · · · · · · · · · ·	
A. Amount Brought Forward F		\$	0		<u>, , , , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
B. Total Monetary Contributio (From Schedule I)	ns and Receipts	8	454.58				
C. Total Funds Available (Sum of Lines A and B)		8	454.58				
D. Total Expenditures (From Schedule III)		8	454.58			SOTER REC	
E. Ending Cash Balance		\$	0			<b>高</b> 岛 6	·
(Subtract Line D from Line C) F. Value of In-Kind Contributio	ns Received	8	0				
(From Schedule II) G. Unpaid Debts and Obligation	ns.	8				PH I2: 55	
(From Schedule IV)			0			S 20	
Part 1- If this is a Committee report	treasurer sign he	ra If this is a Can	Affidavit Sed	tion			
I swear (or affirm) that this report,	including the attacl	hed schedules og	naner is to the	haet of my knowlade	je and belief tri	ue, correct and comple	te.
Sworn to and subscribed before me	this 20 Q (	Notary S	101ic 2023 112 Notari	Signature of an Gloudemans	W		
Jana (Vol	mande		April 3, 12889	Signature o	f Person Submi	tting report	
Signature	2.12		Erie County fon expires / fon number vania Associa		Printed Name		
My Commission expires MO.	DAY YR.	th of Pennsyl	on ex on nu ania /	rea Code	969-0	302 ime Telephone Numbe	
		<u> </u>	issic issic	700 OO05		e reiepilolle Numbe	<u> </u>
Part II- If this is a report of a Candid I swear (or affirm) that to the best of	ate's Authorized C of my knowledge ar	ommittee, dayda nd belief this go	Date san Salasian ne	re. ´	nrovisions of th	ne Act of June 3 1037 (	P   1333 NO 320) 26
amended.	,	Commo	My o C Member	ina not violator any	provisions of th	io nation same of 1907 (i	1.E. 1000, NO.020) as
Sworn to and subscribed before me	this	ပြိ	Me				
day of	20	1	_	0'			
			_		ture of Candida	A10 	
Signature		, 1		P	rinted Name		
My Commission expires MO.	DAV VO		<del></del>	0-1			
WJ.C.	DAY YR.		A	ea Code	Daytir	ne Telephone Number	

### 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.

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Committee			Date [MM/DD/YYYY] \$	ور بر المنظم
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	State	Zip Code	Date [MM/DD/YYYY] \$	·
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Committee			Date [MM/DD/YYYY] S	Con Page
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ana Bulan				ı

## 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.)

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Full Name of Contributor			ioate (MM/pp/mm) (\$)
House#} Street	Address		Date (MM/DD/XYYY) 453
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Full Name (of (Contributor)			Date [MM/DD/MYYY] ST
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ill Name of Contributor	(CANAS)		Date [MM/DD/YYYY] \$
Ouse # Street Add	(March		Date [MM/DD/YYYY]
IEV Telephone	State	Zip Code	#Date [MM/DD/YYYY]   35

### 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.

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OUSe# Street Address  Ty	State	ZIp Code	Date [MM/DD/YYYY] 35

# 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)

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Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
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House #	Street Address			Date [MM/DD/YYYY]	8
		5550 Franklin Rd			
City Fairview		State   PA	Zip Code   16415	Date [MM/DD/YYYY]	
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imployer Mailin	g Address /	:			
rincipal Place o					

### 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.

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ulliName (ouse #   ity eceipt Description	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$

#### 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

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#### SCHEDULE II PART F

## In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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### SCHEDULE II Part G

#### Part C

## In-Kind Contributions Received

VALUE OVER \$250

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file identification Number		
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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. Fleridentification Number 2

Namelof (Greditor	Street Address	PATE DEBT INCURRED AND STATE ZIP  Code
Namelor (creditor) House #   Gity  Description for peta	Street Address	Outstanding Balance of Debt
Namelof (Greditor 2) House # House # GIV # Description of Debt.	Street Address	Outstanding Balance of Debt  [DATEIDEBT/INGURRED ** 55    [MM//DD//YYYY] **      State*   Zip.**   Code
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lame of Creditor.	Street Address	DATE DEBT INCURRED SS [MM/DD/YYYY]  State Zip Code
emejoficreditor.	treet Address	Outstanding Balance of Debt  DATE DEBT:INCURRED  [MM/DD/YYYY]  State  Zip  Code