

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

Filer Identification Number 274-88-1	^{L432} (Ma	ort Filed By irk X)	Candida	ate	Committee	X	Lobbyist
Name of Filing Committee, Candida Lobbyist	rte or Friend	ds of Dylanna					<u> </u>
Street Address	517 S	hawnee Drive					
City Erie			State	PA	Zip Code	16505	
Type of Report (Place x under report	t type)		<u> </u>				
1-6 th Tuesday 2- 2 nd Friday 3-30			^{id} Friday	6-30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Prim	ary Pre- E	lection Pre-	Election	Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY) 05/	Year /18/2021	1	2021	Amendment Report		Termination Report	
	n Date	To Date			For	Office Use Only	
Expenditures	nuary 1, 2021	May 3, 20	121				
A. Amount Brought Forward From L			,21				**************************************
B. Total Monetary Contributions and	d Receipts \$					allenge Register	THE LEE
(From Schedule I)		34,246.0)O	·			
C. Total Funds Available (Sum of Lines A and B)	\$	34,246.0	00	•			
D. Total Expenditures	\$	20775 2				7)	
(From Schedule III) E. Ending Cash Balance		29775.3				<u> </u>	2 -0
(Subtract Line D from Line C)	\$	4,470.7	0				3
F. Value of In-Kind Contributions Re- (From Schedule II)	ceived \$	578.60)			سيدي الاموال محمدين محمدين	PH 1: 28
G. Unpaid Debts and Obligations	\$	3,900.8				eren Marie Marie Marie Marie	ို့ ထိ
(From Schedule IV)							
Part 1- If this is a Committee report, treas	urer sign here. If th	ils is a Candidate	ffidavit Sec report, car	ndidate sign here.			
I swear (or affirm) that this report, includi	ng the attached sch	nedules on paper	, is to the Ł	est of my knowled	ge and belief tro	ie, correct and complete	3,
Sworn to and subscribed before me this				Heats	her Han	t	
day of20	<u></u>			· · · · · · · · · · · · · · · · · · ·	of Person Submi		
Signature		Ĩ		Heather H			_
My Commission expires		, !	g	14	860-		
MO. DA	Y YR.			rea Code		ime Telephone Number	
Part II- If this is a report of a Candidate's A	uthorized Commit	tee candidatest	all sion he	re			
I swear (or affirm) that to the best of my k	nowledge and belie	of this political co	mmittee h	as not violated any	provisions of th	ne Act of June 3, 1937 (P	.L. 1333, NO.320) as
amended.					1		
Sworn to and subscribed before me this							
day of20_		• 1					
				Signa	ature of Candida		
							-
My Commission expires		• •		330	5	71-1116	
MO. DAY	YR.		Ar	ea Code	Daytir	ne Telephone Number	-

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	274-88-1432

1 Unitermitted Contributions and Remittee CCO OC and contributions		_	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the varieties would	/41	1 6	
Total for the reporting period	(1)	\$	270.00
2. Contributions of \$50.01 to \$250.00 (From		٠.	
Part A and Part B)			
Contributions Received from Political Committees (Part A)		ć	
Committees (Fart A)		\$	100.00
All Other Contributions (Part B)		\$	
		*	3376.00
Total for the reporting period	(2)	\$	
			3476.00
3. Contributions Over \$250.00 (From Part C and Part D)			
			<u> </u>
Contributions Received from Political Committees (Part C)		\$	
			500.00
All Other Contributions (Part D)		\$	30,000.00
			30,000.00
Total for the reporting period	(3)	\$	30,500.00
<u> </u>			12000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		-	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		•	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period	(4)	\$	
Total for the reporting period	(4)		0
Total for the reporting period Total Monetary Contributions and Receipts during this reporting period (Add and	- 1	\$	0
Total for the reporting period	- 1		0 34246.00

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

			2/4-86-1	.452						
										Amount
Full Nat Commit	me of Contribu	iting						Date [MM/DD/YYYY]	\$	
COMMISSION	llee		Friends	to Elect Lori	i Pickens			03/23/2021		100
House #		Street /	Address					Date [MM/DD/YYYY]	\$	
ł	1331			West 25th	Street			<u> </u>]	
City	<u> </u>	<u></u>		State		Zip Code		Date [MM/DD/YYYY]	\$	
	Erle				PA		16502		1_	
	me of Contribu	ting						Date [MM/DD/YYYY]	\$	
Commit	ttee ———	ŀ	1]	
House #	#	Street A	Address					Date [MM/DD/YYYY]	\$	-
									1	ĺ
City		<u></u>		State	<u> </u>	Zip Code		Date [MM/DD/YYYY]	\$	
									† " !	
Full Nar	me of Contribu	iting		نسنساس			<u></u>	Date [MM/DD/YYYY]	\$	
Commit										ĺ
House #	#	Street A	Address					Date [MM/DD/YYYY]	\$	
1.00	`.	JH week.	Mui Coo					Date figure/ DD/ 1111	-	
City		<u> </u>	1	State		Zip Code		Care Indeed Inc. (VVVVI	لبِـا	
City				Jian		Zip Coue		Date [MM/DD/YYYY]	\$	
Full Nan	me of Contribut	ting			—		<u> </u>	Date [MM/DD/YYYY]	\$	
Commit			1				•	nate framation (1 1 1 1		1
House #		Street A	Address					Date [MM/DD/YYYY]	\$	
								Agenta frigered mint von 177		l
City		<u></u>		State		Zip Code		Date [MM/DD/YYYY]	\$	
				- ا		ëih anez		Date fishish not 11111		I
Full Nan	ne of Contribut	A.S						The seed from (manual)		
Commit		ing	i					Date [MM/DD/YYYY]	\$	l
House #		Street A	ddress					Date [MM/DD/YYYY]	\$	
		l								1
City	<u> </u>			State	· 	Zip Code	T	Date [MM/DD/YYYY]	\$	
							<u> </u>			i
	ne of Contribut	ing	i					Date [MM/DD/YYYY]	\$	
Committ						·				
House#		Street A	ddress					Date [MM/DD/YYYY]	\$	
		Ι								
City		·		State	T	Zip Code	T	Date [MM/DD/YYYY]	\$	

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:	
274-8	8-1432
By all tell telephone in the first tell and tell for the first tell and the first tell tell tell tell tell tell tell te	
1.1 A	
2	

Full Name of Cont	ibutor I				/ kd = 1	
- an home of cont	Nanda Chuwar	1		Date [MM/DD/YYYY]	Ş	
	Service Community	1		03/23/2021	943	101
House # 5937	Street Address	-h.h.l		Date [MM/DD/YYYY]	\$	
	52 12 5.75 EX	obblestone Drive				3
City Erie		State PA	Zip Code 16509	Date [MM/DD/YYYY]	\$	
	And the State of t		10309			
Full Name of Contr		.u	-	Date [MM/DD/YYYY]	\$	
territoria de la compansión de la		III		03/30/2021	46.0	100
House # 3910	Street Address			Date [MM/DD/YYYY]	\$	
	Gr	eenway Drive		04/25/2021		125
City Erie		State PA	Zip Code	Date [MM/DD/YYYY]	\$	
			16506			
Full Name of Contr	A44. ()			Date [MM/DD/YYYY]	\$	
	MaiLien Sicari			03/29/2021		150
House #	Street Address			Date [MM/DD/YYYY]	\$	
5214	Jas	son Drive				
City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie		PA	16506			
Full Name of Contri	butor	<u>L:</u>	<u> </u>	Date [MM/DD/YYYY]	\$	
	Abigail Grasinge	er		03/22/2021		200
House #	Street Address			Date [MM/DD/YYYY]	Š	
10364	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rton Road				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Waterford		PA	16441	Poste Inita/DD/14/16/15		
Full Name of Contri	butor	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date [MM/DD/YYYY]	\$	
	Mark Day			03/20/2021		100
House#	Street Address				\$	
4341	The street of th	erview Road Lot 48				
City	The Season Spain	State	Zip Code	Date (MANA/SIS/ANA)	9 -2 17	
Peninsula		ОН	44264	Date [MM/DD/YYYY]	\$	
Full Name of Contri	outor	30,3	Date [MM/DD/YYYY]	e e		
	Steven Iribacher				3	250
House#	Street Address			04/04/2021	 a . 4	
1330	First parameter of contrast of the con-	race Drive		Date [MM/DD/YYYY]	\$	
					- 15 (44)	
City Pittsburgh		State PA	Zip Code 15228	Date [MM/DD/YYYY]	\$	
July 10 to		[Height]	A secretary and the secretary	[

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.)

Filer Identification Number:				
Filer Identification Number:				
	274-88-1432			
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and the second of the control of the				
the Advant of Advant of the Advantage of				

Full Name of Cor	Carlational I			West opening and the second se	o (o č. s	
Full Name of Cor	. A - 13 M T - 1			Date [MM/DD/YYYY]	. \$	頭
	Diane and Gre	eg Morosky	04/20/2021	\$500 100 100 100 100 100 100 100 100 100	250	
House#	Street Address			Date [MM/DD/YYYY]	\$	
6710	K	nollwood Drive				ve
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	1
Fairview		PA	16415			
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$	
	Jane and How	ard Levin		04/20/2021		250
House#	Street Address			Date [MM/DD/YYYY]	\$	3
100	1 Table 1 Tabl	ord Road				
City		Ctoto 1	22-0-24-2			
Fairview		State PA	Zip Code 16415	Date [MM/DD/YYYY]	\$	
Full Name of Con	tributor			Date Mark to a Market	40.0	
	Julie Petrie			Date [MM/DD/YYYY]	\$	100
				04/22/2021		100
House # 1105	Street Address			Date [MM/DD/YYYY]	\$	
1105	20	Oth Street S				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Arlington		VA	22202			
Full Name of Con	tributor			Date [MM/DD/YYYY]	Š	
	Rose Nouri			04/28/2021		150
House #	Street Address			Date [MM/DD/YYYY]	\$	
808	Pa	sadena Drive			1/4	
City		State	7:- 6-4-	B-10-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
Erie		PA	Zip Code 16505	Date [MM/DD/YYYY]	\$	
Full Name of Cont	ributor		and the state of		j. 158 1682 -	
Tuli Name of Con	Nick and Sally N	v/larinelii		Date [MM/DD/YYYY]	S	100
				04/28/2021		100
House # 816	Street Address			Date [MM/DD/YYYY]	\$	
15925	Pa	ırkside Drive				*
City Erie		State	Zip Code	Date [MM/DD/YYYY]	\$	
		PA	16511			
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
	Saba Berhane		04/02/2021		100	
House #	Street Address		<u> </u>		\$	
2312	(人) (情報等のから対応が)。	ooke Grove Road			, Tig	
City	selectings fighter the Ca	State	Zip Code	Date [MM/DD/YYYY]	\$	
Mitcheville		MD	20721	Date [MIN/DD/1111]	2	
- [4470.1]		12.13.13				

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.)

Filer Identification N	Number: 274-88-1432					
	14,60,50				_	
Full Name of Contr	ributor	-		Date [MM/DD/YYYY]	\$	8
	Matthew Parin	al		03/31/2021		250
House #	Street Address			Date [MM/DD/YYYY]	\$	4
1420	Sv	iumner Drive				
City Erie	Carrier	State PA	Zip Code	Date [MM/DD/YYYY]	\$	
eternia (16505		7 g en 207	2
Full Name of Contr	John Malaragne			Date [MM/DD/YYYY]	\$	8 1
and the second s	sanial vie	<i>5</i>		03/29/2021		250
House # 850	Street Address	Ionaventure Driv		Date [MM/DD/YYYY]	\$	
					Arterity Left V	
City Erie		State PA	Zip Code 16505	Date [MM/DD/YYYY]	<u>\$</u>	:.
Full Name of Contri	elbutor (<u> Martinal</u>		Date [MM/DD/YYYY]	1.\$	3
	Richard Cowell	1				250
House #				03/31/2021	12	
5682	Street Address Eas	ast Lake Road		Date [MM/DD/YYYY]	\$	
City	1259349 pt		Latin And Latin	TO AN A TENT HOUSE	1	8
City Erie		State PA	Zip Code 16511	Date [MM/DD/YYYY]	\$	la l
5, 1999 (\$40) 51 - 1999 (\$40)					19-45	
Full Name of Contri	ributor Diane Chido			Date [MM/DD/YYYY]	\$	100
House #				04/17/2021		100
House # 215	Street Address Bev	everly Drive		Date [MM/DD/YYYY]	\$	
A Company of the Comp				The Annata	on still	4
City Erle		State PA	Zip Code 16505	Date [MM/DD/YYYY]	S	
Full Name of Contri	ibutor	(A) (A) (A)	24.0人2000年前2000	Date (MM/DD/YYYY)	Ş	
	Patricia Stubber	ır				100
House #	Street Address			04/15/2021 Date [MM/DD/YYYY]	Š	1
5915	Eas	ast Lake Road		Pale Drivi 99, 15.1	3	1
City		State	Zip Code	D-sa fagar/fon/vvvvl		<u> </u>
Erie		State PA	Zip Code 16511	Date [MM/DD/YYYY]	S	1
Full Name of Contril	ibutor	a massile a	and the specific engine	Date [MM/DD/YYYY]	\$	
	Jayne Hynes			04/18/2021		200
House #	Street Address			Date [MM/DD/YYYY]	Š	
900	Manager of the second district	ersimmon Court		The state of the s		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Fairview		PA		# (下記版 元素の単語では「Manager Park Park Park Park Park Park Park Par	r" I	(

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.)

Filer Identification Number:

	2/4-00-143				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	<u> </u>
	Elizabeth ar	and Tim McCormick		04/28/2021	150
House #	Street Address	4			\$ ·
7210		Pinegate Road			
Citý		State	Zip Code	Date [MM/DD/YYYY] \$	\$.4
Falrveiw		PA	16415	Section Control of the Control of th	
Full Name of Co	Intributor			Date [MM/DD/YYYY] \$	\$
	Mary Harsh	ì		04/26/2021	100
House #	Street Address	,		Date [MM/DD/YYYY] \$	<u> </u>
7223		Springside Drive		<u> </u>	[4]
City	Property (Control	State	Zip Code	Date [MM/DD/YYYY] \$	45 50
Fairview		PA	16415		i i i Alar
Full Name of Co	ntributor		10 3,000	Date [MM/DD/YYYY] \$	41 41
建筑器等 。				Company County (1997) (1997) (1997) (1997) (1997) (1997)	(森) (注)
House #	Street Address			Date [MM/DD/YYYY] \$	
	311 CEL MUCLESS	1		Pare Imanael 11 111	(1) (4) (4)
City		Canan		The state of the s	
		State	Zip Code	Date [MM/DD/YYYY] \$	
	or an interchasion with the				<u>.</u>
Full Name of Co	ntributor.			Date [MM/DD/YYYY] \$	
House #	Street Address	4		Date [MM/DD/YYYY] \$	
		ſ			3.
City	Let A Complete and	State	Zip Code	Date [MM/DD/YYYY] \$	6.5 5 ² (1
And				TABLE AND THE PERSON OF ABOVE	
Full Name of Cor	ntributor	40 P	32. (12.1) (-12.4) (-12.4)	Date [MM/DD/YYYY] \$	
				APPACE OF THE THE WARRING TO SELECT WITH A SECOND S	No. of the second secon
House#	Street Address	r		Date [MM/DD/YYYY] \$	55 50
		1			
City		State	Zip Code	Date [MM/DD/YYYY] \$	4 중
esse on Sand Transfer			100 A		
Full Name of Cor	ıtribütor		Date [MM/DD/YYYY] . \$		
House #	Street Address			Date [MM/DD/YYYY] \$	<u> </u>
				Date Italian Doll 11 1111	
City	र वर्ष है सम्मार है है है का है।	State	Zip Code	The Thirt is a second of	<u> </u>
		3.95 3.55	/ip code	Date [MM/DD/YYYY] \$	4

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

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

	274-88-143	2				
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing C	ommittee Friends of R	≀obert Yates		03/16/2021		\$500
House#	Street Address	:F		Date [MM/DD/YYYY]	\$	
5075		Tramarlac Lane	_]	
City Erie		State PA	Zip Code 16505	Date [MM/DD/YYYY]	s	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$	
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
City	<u>li dia saa d</u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	S	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	Š	
Full Name of Contributing Co)mmittee		The state of the s	Date [MM/DD/YYYY]	\$	
House#	Street Address			Date [MM/DD/YYYY]	S	· · · · · · · · · · · · · · · · · · ·
City		State	Zip Code	Date [MM/DD/YYYY]	\$,,,,,,
Full Name of Contributing Co	ymmittee		<u> </u>	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Co	mmittee	TV cont	Date [MM/DD/YYYY]	\$		
House#	Street Address			Date [MM/DD/YYYY]	\$	
City	446 25.4 3 . 1	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: 274-88-1432					
	2/4-00-1432					
Full Name of Con	J 57 (2 1941)			Date [MM/DD/YYYY]	\$	
	Bruce Kern		03/30/2021	500		
House #	Street Address		. *************************************	Date [MM/DD/YYYY]	S	
1091		Dutch Road				
City	Markey and the ba	State	Zip Code	Date [MM/DD/YYYY]	Š	
Fairview		PA	16415			
Employer Name	the programme and the second control of the	Curtze Food Service	Political Profession (St.)	Occupation Owner	a magri	
Employer Mailing Principal Place of	Address / Business	1717 East 12th Street	Erie, PA 16511			
Full Name of Con				Date [MM/DD/YYYY]	S	
	Robert Shlau	decker		03/31/2021	500	
House #	Street Address			Date [MM/DD/YYYY]	\$	
225		Rosemont Avenue		_		
City Erle State PA Zip Code 16505				Date [MM/DD/YYYY]	\$	
Employer Name		Self-Employed	10 00 000 perch 20 1	Occupation Psychologist		
Employer Mailing Principal Place of		N/A		The second secon		
Full Name of Cont				Date [MM/DD/YYYY]		
	Natalie Kohle	г		03/31/2021	500	
House #	Street Address			Date [MM/DD/YYYY]	\$	
331	S	uperior Drive				
City		State	Zip Code	Date [MM/DD/YYYY]	<u> </u>	
Erie		PA	16505			
Employer Name	はといる 一条保証 医した性神経療師 一	irie Public School Distr	ict	Occupation Administrativ	e Assistant	
Employer Malling Address / Principal Place of Business 1480 West 21st Street Erie, PA 16502						
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
	James Grasing	ger	,	03/21/2021	1,000	
House #	Street Address			Date [MM/DD/YYYY]	Š	
8221	В	riercreset Drive				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Erle	Erie PA 16509					

Occupation

Sales

Employer Name

Employer Mailing Address / Principal Place of Business Hovis Interior

280 Chesnut Street Meadville, PA 16335

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)

274-88-1432	
13.4 (18.4 (
Full Name of Contributor	Date [MM/DD/YYYY]
Judy Alstadt	03/21/2021
House # Street Address	Date [MM/DD/YYYY] \$
Rosement Avenue	5,000
City _ State Zip Code	04/06/2021
Erie PA 16505	Date [MM/DD/YYYY] \$ 15,000
Employer Name N/A	Occupation
Employer Mailing Address /	Retired
Principal Place of Business N/A	·
Full Name of Contributor	Date [MM/DD/YYYY] 5
Judy Alstatdt	04/16/2021 5,000
House # Street Address	Date [MM/DD/YYYY] \$
Rosement Avenue	
City State Zip Code	Pate [MM/DD/YYYY] \$
PA 16505	A STATE OF THE PROPERTY OF THE
Employer Name N/A	Occupation Retired
Employer Mailing Address /	- And the state of
Principal Place of Business N/A Full Name of Contributor	
	Date [MM/DD/YYYY] \$
Bassam Dabbah	05/03/2021 500
House # Street Address	Date [MM/DD/YYYY] \$
Toung Road	8.1 % 8.1 %
City Frie State Zip.Code	Date [MM/DD/YYYY] \$
10009 (1000)	
Employer Name USCRI Erie	Occupation Program Coordinator
Employer Mailing Address / Principal Place of Business 517 East 26th Street Erie PA 16504	
Principal Place of Business 517 East 26th Street Erie PA 16504 Full Name of Contributor	
레일 전에 대한 생각 사회가 당시하셨다.	Date [MM/DD/YYYY] \$
Gene Placidi	03/28/2021
House # Street Address 4113	Pate [MM/DD/YYYY] \$
Vassar Druve	
City State Zip Code	Date [MM/DD/YYYY] \$
Erie PA 16506	
Employer Name Melaragno, Placidi, and Parini	Occupation

502 West 7th Street Erie, PA 16502

Employer Mailing Address / Principal Place of Business

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:	г: 274-88-1432		<u> </u>		
THE SECTE OF THE PROPERTY OF T	2/4-00-1-02				
Full Name of Contributor	or A			Date [MM/DD/YYYY] \$	
	Devl Subedi			03/21/2021	500.00
	treet Address			Date [MM/DD/YYYY] \$	
5758	TO SERVICE HE TOTAL A	IIII Street		TOTAL BANK BANK TO BAN	l
City	printing the man	State	Zip Code	Date [MM/DD/YYYY] \$	r
Erie		PA	16509		
Employer Name	The state of the s	ge in Place Home C	Care	Occupation Manager	
Employer Mailing Addres Principal Place of Busines	ss / 10	062 Brown Ave, Erl	rle, PA 16502	All fittings in Massacra	
Full Name of Contributor	••• · · · · · · · · · · · · · · · · · ·			Date [MM/DD/YYYY] St	
	3			A STATE OF THE STA	ı
House# Str	treet Address			Date [MM/DD/YYYY] \$	
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City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
	·				
Employer Name				Occupation	
Employer Mailing Address Principal Place of Business	\$ 7	****		Batta Caracate and	
Full Name of Contributor	a political to the control of the co			Date [MM/DD/YYYY] \$	
				Date [MM/DD/YYYY] \$	
	reet Address			Date [MM/DD/YYYY] \$	
				Lase India (Act of the Care of	
Gty	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
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Employer Name		<u> </u>	Para Carata massa.	Occupation	
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Principal Place of Business Full Name of Contributor					<u></u>
	(n) () () () () () ()	. <u></u>		Date [MM/DD/YYYY] \$	
House # Stre	eet Address		***************************************	Date [MM/DD/YYYY] \$	
Gity	<u>ilmöst #J}Pearl</u>	State	Zip Code	Date [MM/DD/YYYY] \$	
(1985年) (2015年) (1985年)				Sept. 1981 Marie Annie Carri Gragorina de Companya de Carriado de	
Employer Name		<u>Landinario e</u>	ka	Occupation	
Employer Mailing Address Principal Place of Business				Charles and the control of the contr	

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.

Filer identification Number: 274.89.4433

and the second of the second o	- 1stp#			
The Self Trace of Lineau Linear Lineau Linear Control	Minarata sara			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		The second of the second of		
Full Name				
House #	Street Address			
	Street Address			!
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1 14 14 14 14 14 14 14 14 14 14 14 14 14	May A exp	Jake (Fr.) av Taril	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	- 1			
Full Name	10 (4 ft 10			
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Loge	1.35
Full Name				
House#	Street Address			
Gly		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		\$50.00 · · · ·	<u> </u>	[204]
Full Name	Total and the second se			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	# 17 - 4.2			

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: 274-88-1	l432		
1. UNITEMIZED IN-KIND CONTRI	IBUTIONS RECEIVED-VALUE	E OF \$50.00 (OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2: IN-KIND CONTRIBUTIONS REC	문학회에는 상대는 이 시는 전에 단점했다. 있는데 이 기회 나는 이 나라 소전을 받았다.	D \$250.00 (FI	FROM PART F)
TOTAL for the reporting period	(2)	\$	500.00
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00) (FROM PAR	RTG)
TOTAL for the reporting period	(3)	\$	and the first of the control of the
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)		- 1	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

		 •	
Filer Identification Number:	274-88-1432	 	

Endi Niamo C	of Contributor				Take Inplant	11.4	-,
tun Name e.	Matt Mead				Date [MM/DD/YYYY]	\$	74.
	na defenda				03/23/2021		250.00
House #	Street Address	- I Change			Date [MM/DD/YYYY]	\$	
		xford Street	· · ·		03/29/2021	p.q. S	250.00
City Erie		State P	Zip Code PA	16505	Date [MM/DD/YYYY]	S	
Description	of Contribution	Photograp	phy sessions	<u>1</u>		/ 3600.	<u> </u>
Full Name of	f Contributor				Date [MM/DD/YYYY]	\$	1
	Dylanna Grasing	ıger		•	03/17/2021		78.60
House #	Street Address				Date [MM/DD/YYYY]	\$	
517	7 Sha	nawnee Drive			7- 17-21 (11-4)		1
City	E. Davidson et etc.	State	Zip Code	7.	Date [MM/DD/YYYY]	\$	
Erie		P	PA	16505	Test of the same same same same same same same sam		
Description (of Contribution	Campaign B	Manufelius 1014	<u>-1</u>		<u> 12 - 33</u>	
Full Name of	f Contributor				Date [MM/DD/YYYY]	\$	A
		_			A TOTAL PROPERTY OF A DOLLAR PARTY AND A STATE OF A DOLLAR PARTY.		
House #	Street Address				Date [MM/DD/YYYY]	S	1
City	of the experiment of the experiment	State	Zip Code	T	Date [MM/DD/YYYY]	\$:
			Andrew State Control				
Description o	of Contribution					<u></u>	
Full Name of	Contributor	<u></u>			Date [MM/DD/YYYY]	\$	3
ĥarty						H	,
House #	Street Address	-			Date [MM/DD/YYYY]	\$	1
					part of the second	(%) ()	
City	Let Marie de de la	State	Zip Code	1	Date [MM/DD/YYYY]	\$	
				d	11 g g r r r = 11 g g g g g g g g g g g g g g g g g		
Description o	of Contribution					<u> </u>	
Full Name of	Contributor	<u></u>		<u> </u>	Date [MM/DD/YYYY]	\$	
					a construction of		1 !
House #	Street Address				Date [MM/DD/YYYY]	\$	
					Party Code Mart, rest For the Automotive and		1
City	The second argue years	State	Zip Code	<i>-</i>	Date [MM/DD/YYYY]	\$	
				1 _	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		İ
Description o	of Contribution			<u> </u>			

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
	274-88-1432
The second secon	<u> - </u>

Full Name of	Contributor			Principle For the large of the second control of the large of		
				Date [MM/DD/YYYY] \$		
- 45						
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
			A STATE OF THE STA			
Employer Nan	ne	100000000000000000000000000000000000000	Property of the second	Occupation		
Employer Mai	iling Address / Principal			Description		
Place of Busin	ess	1		of		
	Mingration of the Community of			Contribution		
Full Name of C	Contributor			Date [MM/DD/YYYY] \$		
Marzin (A. 1812). Militari kansa <u>Sisya</u>	Mary Mark Michael Ad					
House# Street Address				Date [MM/DD/YYYY] \$		
134 - 14 14 - 144) a a				**************************************		
City	Parada de la composición del composición de la c	State	Zip Code	Date [MM/DD/YYYY] \$		
	ľ			The state of the s		
Employer Nam	ne	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Occupation		
Employer Mail Place of Busine	ling Address / Principal			Description		
Times or service				of Contribution		
Full Name of C	ontributor					
				Date [MM/DD/YYYY] \$		
House #						
TIULIE II	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
	, and the second			[2475] [487]		
Employer Name		e and	Price and Assessment Conf	Occupation		
Employer Maili	ing Address / Principal			Description		
Place of Busine	iss .			of		
Spaniska, stati				Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$		
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House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Carrie for bond		
	*· "		Zip Couc	Date [MM/DD/YYYY] \$		
Employer Name		d-Sdrip]				
in the district of the second				Occupation		
Employer Mailin Place of Busines	ng Address / Principal			Description		
Figure or Lucione.				of Contribution		
 Bit Make For the Make Springs 	19. 19.65 PU T. 10.19.10 PROMITED AND A CONTROL OF THE PROMITED A					

Statement of Expenditures

Filer Identification Number:	 	
1 2/4-88-1432		
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and the unity free or with the term of the unity free unity		
274-88-1432		

I See the second second second	al .						
To Whom Paid	Anthony Angelone					Date [MM/DD/YYYY] \$ 144.80	
House #	Street Address	<u> </u>				03/30/2021	
522		Colorado Dr				Description of Expenditure	, a.a.
City Erie		State	PA	Zip Code	16505	County map	<u>s</u>
To Whom Paid	Dylanna Grasinger					Date [MM/DD/YYYY] \$	
	Dylanna Grasinger					04/27/2021 500.00	
House # 517	Street Address	Shawnee Dr	ive			Description of Expenditure	19.00 1.600
City Erie		State	PA	Zip Code	16505	Reimbursement for website	Š.c
To Whom Pald		· · · · · · · · · · · · · · · · · · ·				Date [MM/DD/YYYY] \$	-
	Dylanna Grasinger					04/27/2021 705.22	
House # 517	Street Address	Shawnee Dri	ve			Description of Expenditure	en Anim
City Erie	•	State	PA	Zip Code	16505	Reimbursement for t-shirts	Transpir
To Whom Paid			<u></u>			Date [MW/DD/YYYY] \$	
restation of the constitution of the constitut	Dylanna Grasinger					04/27/2021 150.00	
House # 517	Street Address S	ihawnee Driv	ve		*****	Description of Expenditure	1 1 2
City Erie State PA Zip 16505				Reimbursement for event			
To Whom Pald	US Postmaster					Date [MM/DD/YYYY] \$	
						04/7/2021 3506.14	
House # 4721	Street Address H	linckley Indu	istrial Parkwa	ay		Description of Expenditure	74.
City Cleveland		State	ОН	Zip Code '	44109	Postage for 1st mailing	
To Whom Paid	Posts Guerra					Date [MM/DD/YYYY] \$	┪
Salata	Pony Express					04/07/2021	
House # 1903	Street Address	Vest 8th Stre	et			Description of Expenditure	
City Erie		State	PA	Zip Code ¹	16505	Fed Ex Fee	
To Whom Pald	Northorn Ohio Drine					Date [MM/DD/YYYY] \$	┪
	Northern Ohio Printi	ng ———				04/10/2021 1294.00	
House # 4721	Street Address	linckley Indu	ustriai Parkw	<i>r</i> ay		Description of Expenditure	
Cleveland		State	ОН	Zip Code ⁴	14109	Door hangers printed	
To Whom Paid	Northern Ohlo Printir					Date [MM/DD/YYYY] \$	ᅱ
Terre la linge papita di tanggara	1	16				04/14/2021 2061.00	
House # 4721	Street Address	inckley Indu	strial Parkwa	ay		Description of Expenditure	
Cleveland		State	ОН	Zip Code ⁴	4109	1st and 2nd mailers and 1st mailer addresses	1

SCHEDULE III Statement of Expenditures

Filer Identification Number:	······································
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274-88-	1/12/
	^ T#&
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To Whom Paid WJET			Date [MM/DD/YYYY] \$	
			04/16/2021 3825.00	
House # 8455 Street Addres	Peach Street		Description of Expenditure	ente (n. 1844) de Maria Maria
City Erie	State PA	Zip Code 16509	Commercials	4.1 (1986) 14 (40) M
To Whom Paid WICU		1 1000 1000 1000 1	Date [MM/DD/YYYY] \$	
VICO			04/19/2021 2452.00	
House # 3514 Street Addres	State Street		Description of Expenditure	
City Erie	State PA	Zip Code 16508	Commercials	ak did Geleghas (1)
To Whom Paid WSEE		En arrango, al	Date [MM/DD/YYYY] \$	·········
· · · · · · · · · · · · · · · · · · ·			04/19/2021 4270.00	
House # 3514 Street Addres	State Street		Description of Expenditure	
City Erle	State PA	Zip Code 16508	Commercials	<u> </u>
To Whom Paid R Frank Media			Date [MM/DD/YYYY] \$	
			04/23/2021 3000.00	
House # 1940 Street Address	West 8th Street		Description of Expenditure	
City Erie	State PA	Commercial Production	<u> </u>	
To Whom Paid WICU			Date [MM/DD/YYYY] \$	
			04/30/2021	
House # 3514 Street Address	State Street		Description of Expenditure	
City Erie	State PA	Zip Code 16508	Commercials	The same of the same
To Whom Paid WSEE			Date [MM/DD/YYYY] \$	
			04/30/2021 1587.22	
House # 3514 Street Address	State Street	:	Description of Expenditure	
City Erle	State PA	Zip Code 16508	Commercials	
To Whom Paid WJET			Date [MM/DD/YYYY] \$	
			04/30/2021 2791.00	
House # 8455 Street Address	Peach Street		Description of Expenditure	
City Erie	State PA	Zip Code 16505	Commercials	<u> 28 25. (6)</u>
To Whom Pald US Postmaster	, , , , , , , , , , , , , , , , , , ,	Laboratoria de la Constantina del Constantina de la Constantina de	Date [MM/DD/YYYY] \$	
			05/01/2021 2571.83	
House # 4721 Street Address	Hinckley Industrial Parky	vay	Description of Expenditure	
City Cleveland	State OH	Zip Code 44109	Postage for second mailing	<u></u>

SCHEDULE III Statement of Expenditures

Filer Identification Number:	274-88-1432	

To Whom Paid				Date [MM/DD/YYYY] \$
	Paypal			05/01/2021 54.07
House # 2211	Street Address	North First Street		Description of Expenditure
City San Jose	1	State CA	Zip Code 95131	Paypal fees
To Whom Paid			Frank Steener and	Date [MM/DD/YYYY] \$
	 1.3			
House #	Street Address			Description of Expenditure
City		State	Zip Code	School had shake to the more and a second of the shake a market a second of
To Whom Paid	177 (1 17 ag 17 ag			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Table All A Bettlem	State	Zip Code	Sign Country, and the rest of the street and of the series
To Whom Pald	v 17	hadh da a ann		Date [MM/DD/YYYY] \$
House#	Street Address		***************************************	Description of Expenditure
City	Territoria (n. 1914)	State	Zip Code	
To Whom Paid		and the	Couc	Date [MM/DD/YYYY] \$
	#			8 A M M M M M M M M M M M M M M M M M M
House #	Street Address			Description of Expenditure
City	The second second	State	Zip Code	The first of the first of the second of the sec
To Whom Pald		<u> </u>	1	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	New York Control of the Control of t	State	Zip Code	
To Whom Paid		[12 (A2) (A3)	<u> </u>	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
Gity	The Act of the Control of the Contro	State	Zip Code	The Committee of the Co
To Whom Paid		群 244. 俊	Loae	Date [MM/DD/YYYY] \$
	44.5			100 A 100 A
House#	Street Address			Description of Expenditure
City	F14	State	Zip Code	

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.

Filer identification Number:	
Ener identification identified:	•
274-88-1432	
■作用数,这是自己的特殊,就能成功增加的制厂的产品厂产品	

Name of Creditor	Dylanna G	irasginer		•			Outstanding	Balance of Debt
House # 517	Street Address	Shawnee Drive	DATE DEBT INCURRED [MM/DD/YYYY]		\$	<u> </u>		
City			Cento		03/24/20	21	_ _	
	Erie		State	PA	Zip Code	16505	3,900.80	
Description of Debt	Election Sig	gns			<u></u>		<u></u>	
Name of Creditor	\$ 1. Mark						Outstanding	Balance of Debt
House #	Street Address				E DEBT IN		\$	utdi strajulid ne gjelest kjedis sete ded
City			State		1 -9:			
			State		Zip Code	pi A		
Description of Debt					***************************************			
Name of Creditor							Outstanding	Balance of Debt
House #	Street Address				E DEBT INC			
	EM Files		ŀ	<u> </u>	MM/DD/Y	<u> MRMstanarii</u>	i englis	
City			State		Zip		400 B 120 B	
Description of Debt			<u> </u>		Code	<u>4</u>	4.1.3	
Name of Creditor								Balance of Debt
House #	Street Address			DAT	DEBT INC	HODEN	\$	oalaire or Dept
					/IM/DD/Y		(1 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년	
City		-	State		Zip Code		- 1 (1) (2) 1 : - (3)	
Description of Debt	Norther Swell All Mail					<u></u>	1 - 2 14	
Name of Creditor		<u></u>					Outstanding E	Balance of Debt
House #	Street Address			114 - 11 - 12 - 1	DEBT INC	16 × 6 × 12 × 12 × 14 × 14 × 14 × 14 × 14 × 14	\$	3. 300 100 100 100 100 100 100 100 100 100
			-	μ	147,00711	<u> 2000 25,05,05</u>	Solver Polyters	
City	e i , a l		State		Zip Code			
Description of Debt			[1.00 X 10 p. 30 x 12]		<u> </u>		nat;	
Name of Creditor	7.67.163 - 13 - 14						Outstanding E	alance of Debt
House #	Street Address				DEBT INC		\$	
A TARA PA A TARBAR A TARBAR			-	[N	IM/DD/YY	YY J		
aly		9.4.	State		Zip		1000 1000 1000 1000 1000	
Description of Debt	St. 2, 43		13.36-1 11.55		Code		6 14	
Description of Debt	Walij							



April 6, 2020

Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements

Summary:

The Pennsylvania Department of State requested, and Governor Wolf granted, a temporary waiver of the notarization requirement in the Campaign Finance Reporting Law for campaign finance reports and campaign finance statements filed by political committees, candidates for public office, and contributing lobbyists. Independent expenditures that are required to be filed by the 2nd Friday Pre-Primary Report (Cycle 2) deadline, are covered by the waiver. In the event that a special election reporting deadline falls within Cycle 2, the notarized cover page requirement will also be waived.

The following alternative filing process is in effect in the meantime:

- Filers must sign and date their report or statement cover sheet. Their signature acknowledges, by unsworn statement subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities, that the statements contained in the filed report or statement are accurate. The Pennsylvania Electronic Transactions Act allows either a physical signature or a typed name to comply with the Act's requirements.
- For filers who file on paper, the department will accept emailed reports for the duration of the emergency. This complies with statewide quarantine requirements; relieves filers of the need to travel to post offices, private delivery seNice offices or the department's drop box in Harrisburg; and eliminates paper documents that would otherwise require processing in person at the department. Instead, documents will be reviewed remotely and processed by department staff who are currently teleworking. Please email the reports to: RA-stcampaignfinance@pa.gov



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)2021 MAY -5 PM 4: 28

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 Requirement 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.

		iai equivalent of your sig	mature on this joint.
Name of Filing Comn	nittee, Candidate, or	Lobbyis:	
Friends o	of Dylanna		
Reporting Cycle Nam	e .		
☐ Cycle 1 6 th Tuesday Pre-Primary		☐ Cycle 3 30 Day Post Primary	☐ Cycle 9 30-Day Post Special Election
Part I - If this form is subthis form is submitted with a reposition or typing my pursuant to 18 Pa C S	ith a Candidate report, t rt by a contributing lob name below, I hereb	the candidate must sig byist, the lobbyist mus by declare under the	n here. If this report t sign here. penalty of periury.
pursuant to 18 Pa.C.S. Campaign Finance Repo complete.	ort is to the best of my	mation contained in knowledge and belie	the accompanying of true, correct and
Heathe	r Hart		05/05/2021
Signature of Treasurer, Candidate, or Lobbyist		yist	Date
Heather H	art	•	

Printed Name



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) 7 5 PM 4: 28
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

ERIE COUNTY
VOTER REGISTRATION

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.

	05/05/2021
Signature of Candidate	Date
Dylanna Grasinger	
Printed Name	