

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

Filer Identification Number		Repo (Mai	rt Filed !	Вγ	Candid	ate		Comm	ittee	-	X	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		FRIENDS TO ELECT KIRK McCASLIN							111				
Street Address		4737 N	ORTH W	AYSIDE	DRIVE		•						
City	<u> </u>	47571	10(1111111	713102	State			Zip Coc	łe	46505			•
ERIE	·					PA				16505			
Type of Report (Place x under		سندن						,					
1-6 th Tuesday 2-2 nd Friday Pre-Primary Pre-Primary			Fuesday lection		^d Friday Election	6- 30 D Election	•	7- Anni	ual	Special 2 Pre-Elect	! nd Friday tion	Special 3 Post-Elec	
				Ī] .		1]
Date Of Election (MM/DD/YYYY)	05/18/2021	Year			2021	Amend Report	ment		•	Termina Report	tion]
Summary of Receipts and	From Date	1 1	To Date	P					For	Office Use	Only		
Expenditures	110111 2000			6/03/20	021		: *						
A. Amount Brought Forward F	rom Last Report	\$		0									
B. Total Monetary Contribution (From Schedule I)	ns and Receipts	\$	3	3,300.0	10						<u>~</u>	202	
(From Schedule I) C. Total Funds Available			S										
(Sum of Lines A and B)			3,300.00										
D. Total Expenditures \$ (From Schedule III)								(1)	വ				
E. Ending Cash Balance			\$ 200000										
(Subtract Line D from Line C) 3,300.0				3,300.0		_					Mary and		
F. Value of In-Kind Contributions Received (From Schedule II)			0			OURTY 4: 06							
G. Unpaid Debts and Obligation (From Schedule IV)	ons	\$:	1,348.2	18						**\1.3." *******	O	
<u></u>				Α	ffidavit Se	ction					· · · · · · · · · · · · · · · · · · ·		
Part 1- If this is a Committee report. I swear (or affirm) that this report,								las and ha	liaf tu	un narrant	and complet		
Sworn to and subscribed before m		nea scr	lecules of	n papei	r, is to the	dest of my	Knowled		iiei u	ue, correct a	anu compiei	ie.	
day of	20	_	1		_	1~	<u> </u>	<u>، ا</u> سم	•				
			 _		ا لا	S SN WEIDNE		of Person S	Subm	itting report	t		
Signature	***	-	اا					Printed	Name	2			
My Commission expires			•		8	14			969-	0917			
MO.	DAY YR.	_				Area Code		_	Day	time Teleph	one Numbe	r	
Part II- If this is a report of a Candi I swear (or affirm) that to the best amended.					_		lated any	/ provision	s of t	he Act of Ju	ne 3, 1937 (P.L. 1333, N	O.320) as
Sworn to and subscribed before m	e this					در یا				1			
day of	20	_	٠,			IN	vn	nl	m	Em			
Signature of Candidate KIRK McCASLIN													
Signature Printed Name													
My Commission expires					8	14		4	34-96	609			
MO,	DAY YR.	-				Area Code		_	Dayti	me Telepho	ne 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.

Filer Ide	lentification Numi	oer						
								Amount
	ame of Contribu	_ [Date [MM/DD/YYYY]	\$	· F
Commi			OS OF ROBERT YAT	res	· 	04/20/2021		200.00
House	5075	Street Address	TRAMARLAC LN	1	-	Date [MM/DD/YYYY]	\$	
City	ERIE	<u> </u>	State P/	Zip Code	16505	Date [MM/DD/YYYY]	\$	
	ame of Contribu	Jting				Date [MM/DD/YYYY]	\$	
Commi							1	
House	#	Street Address				Date [MM/DD/YYYY]	\$	
City		1	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Nar Commit	ime of Contribut ittee	ting	<u></u>			Date [MM/DD/YYYY]	\$	
House #	#	Street Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Nar Commit	me of Contribut ittee	ting			<u> </u>	Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Nan Commit	me of Contribut ttee	ding	<u> </u>			Date [MM/DD/YYYY]	\$	
House #		Street Address	1			Date [MM/DD/YYYY]	\$	9/4
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Commit						Date [MM/DD/YYYY]	\$	
House #		Street Address			Whateness .	Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	

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.

	Applied and and				
Full Name of Contributing Co	nmilitag	***************************************		Date [MM/DD/YYYY] \$	
				75 to 24 1 to 25 1 to 25 1 to 25 1 to 25	
House #	Street Addres	SS		Date [MM/DD/YYYY] \$	
		· ·			
City	A the second sec	State	Zip Code	Date [MM/DD/YYYY] \$	
(3 %) Ma W. Garago					
Full Name of Contributing Co	<i>y</i> mmittee			Date [MM/DD/YYYY] \$	
House #	Street Addres	SS		Date [MM/DD/YYYY] \$	
			<u> </u>		
City		State	Zlp Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	<i>i</i> mmittee		·	Date [MM/DD/YYYY] \$,
House #	Street Addres	SS		Date [MM/DD/YYYY] \$	
est Semant Care Ses		ी			
City	<u> Prantis i Servicio de la composicio della composicio de</u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee		1 the Company of the	Date [MM/DD/YYYY] \$	
House #	Street Address	is	Type of the state	Date [MM/DD/YYYY] \$	
City	Exploring the second second	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	2-48-48-22 TR		F 7: 20:40	Deta-Trake/Districted	·
Contributing Co	South Applies			Date [MM/DD/YYYY] * \$	
House #	Street Address	S		Date [MM/DD/YYYY] \$	- made
City	King in our leaves	State	Zip Code	Date [MM/DD/YYYY] \$	-
Full Name of		(4.17 + 2.47)		Date [MM/DD/YYYY] \$	
Contributing Cor	nmittee			paratiminy part (111	
House #	Street Address	ś		Date [MM/DD/YYYY] \$	
		A			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
[2] S. S. S. S. S.		a Kadalan (**)	interior and a second		1

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 Nur	nber:		•	
Full Name				
	e ye e eye		·	
House #	Street Address			,
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	According to the second	<u> </u>	<u>I—Sharanasida.</u> I	F ¹⁰ I
Full Name		· · · · · · · · · · · · · · · · · · ·		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>		
Full Name				
House #	Street Address			
City 169		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				1
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>		
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		<u> </u>		<u> </u>

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

Full Name of Contributor			Date [MM/DD/YYYY]	\$.
House # Street Address		et dendrike ware	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
F	<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]	\$
				1.74 2. 3.
Description of Contribution				
Full Name of Contributor			D. A. DANA IND BROOM	
ruis 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				
	an i See i			
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	9 ⁹²) Nati			-
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	1			
The state of the s				

SCHEDULE III Statement of Expenditures

Filer Identification Number:		7
	· ·	- 1
		- 7

To Whom Paid	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
Ctan			1 401	
City		State	Zip Code	
To Whom Paid	d			Date [MM/DD/YYYY] \$
			<u> </u>	
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	d . I			Date [MM/DD/YYYY] \$
				Same found and 1.1.1
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	4 - 1		1 - 2	Date [MM/DD/YYYY] \$
				Para figural political 1.
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	4			Date [MM/DD/YYYY] \$
				Pare Innih 22/1111
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		<u></u>	1.47	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	T774.1 Viable :		Description of Expenditure
City		State	Zip A	
7	,		Code	



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 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.

Name of Filing Comm	nittee, Candidate, or	Lobbyist	
Reporting Cycle Nam	ie		
☐ Cycle 1 6th Tuesday Pre-Primary	Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	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

Date

Printed Name



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.

Signature of Candidate

Date

Printed Name