# 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)			Committee	•	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	The RO	n co	milte	بو	··· . /	<u> </u>
Street Address	95 Orch	ato Ba	ach Do	صا		
city North East		State	PA	Zip Code	16428	
Type of Report (Place x under report type)					<u> </u>	· .
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	1 1		6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MIM/DD/YYYY) OS (18   Sax)	Year 20	<b>7</b> 1	Amendment Report		Termination "Report	
Summary of Receipts and From Date Expenditures 61/61 /2021	To Date .	2601		For (	Office Use Only	
A. Amount Brought Forward From Last Report	1 1 ' '				C.	
B. Total Monetary Contributions and Receipts (From Schedule I)	1 1 -		·		mm er ec mico	
C. Total Funds Available (Sum of Lines A and B)	\$ 160.73					
D. Total Expenditures (From Schedule III)	\$ 0.00				agent of grants	
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 100.73					: 23
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0.00					
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0.00					
Part 1- If this is a Committee report, treasurer sign he	A re If this is a Candidate	Affidavit Sectio	n date sign here			
I swear (or affirm) that this report, including the attac	hed schedules on paper	r, is to the bes	t of my knowled	ge and belief tru	e, correct and complet	
Sworn to and subscribed before me this			Lina	MILL		
day of20		4	Signature of	f Person Submit	ting report	
Signature	Γ	✓	Kacie	Printed Name	Tearegur	_
My Commission expires MO. DAY YR.		8 Area	Code	_ <i>LLO</i> Dayti	2-597L0 me Telephone Number	<del>.</del>
Part II- If this is a report of a Candidate's Authorized C	ommittee, candidate s	hall sign here.				
I swear (or affirm) that to the best of my knowledge ar amended.	nd belief this political co	ommittee has	not violated any	provisions of the	≘ Act of June 3, 1937 (P	.L. 1333, NO.320) as
Sworn to and subscribed before me this				2		
day of20	1		Signa	ture of Candida	te	_
Signature	. ] ,		Kyan	D. Mc Gra rinted Name	90	_
My Commission expires MO. DAY YR.		Area	Code		e Telephone Number	_
				•		

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number	 •
1.Unitemized Contributions and Receipts \$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 100.73
All Other Contributions (Part B)	\$ 0.00
Total for the reporting period (2)	\$ 100.73
3 Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
Total for the reporting period (3)	\$ 0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0.00
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)	\$ 0.00

#### 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	on Number				-
					•
					Amount
Full Name of C			<del></del> -	Date [MM/DD/YYYY]	3
	Friends	of Robert Yates		05/01/2021	100.73
House#	Street Address			Date [MM/DD/YYYY] \$	
		P.O. Box 8619			
City Erie		State	Zip Code	Date [MM/DD/YYYY] \$	_
18.00 m		PA	16505		.3
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
				Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$.	
				Date [MM/DD/YYYY], \$	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee				Date [MM/DD/YYYY] \$	:
House #	Street Address	<del>-</del>		Date [MM/DD/YYYY] \$	
				Pare figurity DDI 1111]	
City		State	Zip Code		
			Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor				Date [MM/DD/YYYY] \$	
Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
					i
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	tributing	2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
Committee				Date [MM/DD/YYYY] \$	
House #	Street Address	<del></del>		Data forest lands and	
, 장마한 제시되는				Date [MM/DD/YYYY] \$	
City		State	l Zin Code		
		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont	tributing	19.4		Date [MM/DD/YYYY] \$	
Committee				Date [MM/DD/YYYY] \$	
louse #	Street Address	· —		Date [MM/DD/YYYY] \$	
					ľ
City	1	State	Zip Code	Date [MM/DD/YYYY] \$	
			Zip Code	Serve Fraussy DOL 11111 2	

#### 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 Nu	150 C 100 C				
Full Name of Contrib	outor	<u> </u>		Date [MM/DD/YYYY]	
				Series Company Control of the Company of the Compan	
/House#	Street Address		<u> </u>	Date [MM/DD/YYYY]	(S)
City and		State	Zip Code	Date [MW/DD/YYYY]	
Full Name of Contrib	ana ana			The same to be beginned in	
				Date [MM/DD/YYYY]	\$
House #	Street/Address	<u> </u>		Date [MM/DD/YYYY]	
	Julie Condition			Spare Flatal Park as yells	*
Gity 3	STATE OF STA	State	Zip Code	Date [MIVI/DD/YYYY]	<b>\$</b>
				Control of the second of the s	
Full Name of Contrib	500 S 50	-		Date [MM/DD/YYYY]	
0.4848.000 0.000000000000000000000000000					
House #	Street Address			Date [MI/J/DD/YYYY]	\$
City		Ta.美容/201	In many case of the Art and		
City		State	Zip Code	Date [MINI/DD/YYYY]	\$
Full Name of Contribu	iros (			Date [MM/DD/YYYY]	(表) (表)
				Spate finish antra all	5
House #	Street:Address	-		Date [MM/DD/YYYY]	<b>\$</b>
City	Tres record on the second	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Contribu	0.45.0%()			200 - 100 -	
en (Agrecia) Francisco La comunicación				Date [MM/DD/YYYY]	<b>\$</b> \$
House#	Street Address	····		Date/[MM/DD/YYYY]	
City (		State	الالالالالالالالالالالالالالالالالالال		
		- State	/Alpicode	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Contribu	tor			Date [MM/DD/YYYY] //	Greens
House#	Street Address			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.

Full Name of Contributing Committee	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
House:# Street;Addre	PSS .		Date [MM/DD/XXYX] \$	VZ.
Scity, 4	State	Zip/Code	Date (MM/DD/YYYY) \$	AND THE STATE OF T
Full:Name:of Contributing Committee			Date [MM/DD/YYYY] S	Processing Company
House)## Street Addre			Date [MM/DD/yyyy] 5	-
-City Full Name of	State	Zip@ode	Date [MM/DD/YYXX] 25	
Contributing Committee    Rouse #   Street Addre	YA .		Date [MM/DD/WYY]; \$	
City .	State	Zip Code	Date [MM//DD/YYYY] \$	
FülliNämerof		Ziji educ	Date [MM/DD/YYYY] \$	
Contributing Committee:  House # Sireet Addres	55		Date [MM/DD/YYYY] s.	
	State	Zip Code	Date [MM/DD/VYYY] \$	
Full Name.of Contributing Committee			Date [MIVI/DD/YYYY] \$	
/House # Street Addres	S		Date[MM/DD/yyyy] 6	
Gity (	State	Zip Code	Date [MM/DD/YYYY] \$	
EulliName.of Contributing Committee	्रिक्षाम्बद्धाल	ECOSO SERVICIONES	Date [MM/DD/YYYY] \$	
House;# Street Address	8 X		Date [MIVI/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:			
KINAR II SIN Z	To a second			
Phillippins and Car	the Novel 1 - Charles - St. St.			
Full Name of Con	Anoutor	•		Date [MM/DD/YYYY] \$
		<del></del>		
House #	Street Address			Date [IVIM/DD/YYYY] 55
City	100	State	Zip:Code	(Date [MM/DD/YYYY] \$
Employer Name	- Lander and Bernarder with control of the Sills Good	100		
A STATE OF THE STA				Occupation,
Employer Mailing Principal Place of	Address //			
Full Name of Cont	A CHARLES AND A CONTRACTOR OF THE PARTY OF T		· · · · · · · · · · · · · · · · · · ·	
	'Illorrotts			Date [MM/DD/YYYY]
	120000000000000000000000000000000000000			
House#	Street Address			Date [MM/DD/XYXX]
		<u>-</u>		
City		State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name	The control of the co			
				Occupation .
Employer Mailing Principal Place of E	Address //*			[PAT 2017-80 LINE INC. 184]
Full Name of Conti	and the second of the second o			to the series which present the series of th
				%Pate[MM/DD/YYYY] \$
And the same of th	**************************************			
House#	Street/Address			Date:[MM/DD/YYYY] SS
City.		State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name				
<b>"这些人是不是不是不是不是不是一个。"</b>	表现的 <b>是</b> 实现的人们的			Occupation
Employer Mailing A Principal Place of B				投資の大学となる人とおいる。   日本の大学となる人とは、1972年
Full Name of Contr	the contraction of the contracti			Estrano disponential and make taking general control of the Colored
				Date [MM/DD/YYYY] \$
House#	Taranaras and and and as	<del></del>		
(Housein)	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MIN/DD/XYXY] \$
Employer;Name			•	Occupation
Employer Mailing A	ddress/			图表·图整文字等/图图
Principal Place of Bu	usiness			

#### 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 dentification Nu	mber			
Full Name				
House#	Street Address		•	
City		State	Zip Code	Date [MM/DD/YYYY]   \$
Receipt/Description		(1865年4年)		
Füll Name				
House#	Street Address	State	Roman All advantal (s)	Low-trace description of the party of the last
		State	Zip Code	Pate [MM/DD/YYYY] \$
Receipt Description				
>House#	Street Address	·		
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
FulliName	1988			1- annual annual
House#	Street:Address	· · · · · · · · · · · · · · · · · · ·		
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description			A.V.	<b>                                    </b>
Full Name	A SAN			
House#	Street Address	Dest Same and		
(City)		State	Zip Code	Date [IVIM/DD/YYYY] \$
Receipt Description		[###############	N. 1980 (25) (20)	[901.9]
Full:Name    House#				
Gity	Street Address	State	Zjö	Date:[MM/DD/YYYY]
Receipt Description	*		Code	**************************************
a fall of the second of				

#### 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

Eller Identification Number:			
11 UNITEMIZED IN KIND CONTR	IBUTIONS RECEIVED-V	LUE:OF \$50,00 OR LESS PER CONTRIBUT	IOR .
TOTAL for the reporting period	(1)	\$	
2 IN KIND CONTRIBUTIONS REC	EEWED-VALUE OF \$50.0	1:TO:\$250:00/(FROM PART F)	100.00
TOTAL for the reporting period	(2)	\$	
3 AN-KIND CONTRIBUTION: REGI	IVED-VALUE OVER \$25	0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals from Page 1, Report Cover Page, Item F)			

# 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]	
Here				
House:#/ Street:Address			Date [MM/DD/YYYY]	\$
GILY	•State	Zip Code	Date [MM/DD/YYYY]	<u>₹</u>
Description of Contribution	er.			
Full Name of Contributor			Date[MM/DD/YYYY]	\$ .
House # Street Address			Date [MM/DD/YYYY]	8 <b>5</b>
			Control of the contro	
Gity	State	Zip Code	Date [MM/DD/YYYY]	**************************************
Description of Contribution				
Full Name of Contributor	Š		Date [MM/DD/YYYY]	\$\$\\\
			8	
House # Street Address			Date [MM/DD/YYYY]	is .
City	State	Zip Code	Date [MM/DD/YYYY]	<u>\$</u>
				3
Description of Contribution				
Full Name of Contributor			Date:[MM/DD/YYYY]	<b>\$</b>
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip/Code	Date [MM/DD/YYYY]	\$   \$   \$
Description of Contribution	XX 4 XX 4			Williams
Full Name of Contributor	· <u> </u>		Date [MM/DD/YYYY]	\$*]
			i.	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

# SCHEDULE II Part G

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

VALUE OVER \$250

Filer Identification Number:

Full Name of Contributor.		Date [MM/DD/YXYY) \$
House # Street Address		Date [MM/DD/YYY] \$
icity	State Zip Code	Date [MM/DD/YYYY] See \$
	Zip code	Sarefland(Spot) 2 111 5 3
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business	200 200 200 200	Description of
		Contribution
Full:Name of Contributor.		Date [MM/DD/YYYYY]
#House # Street Address		Date [MIVI/DD/YYYY] \$
Sileet,Addiess		
ECity	State Zip Code	Date (MM/DD/YYYY)
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of
Full Name of Contributor		Contribution
		Date [MM//DD/YYYY] \$
House # Street Address		Date [MN/DD/YYYY] \$
		The state of the s
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal	3 3	Description
Place of Business		of Contributions
Full Name of Contributor		Oate [MM/DD/YYYY] \$
House # Street Address		
		Date [MM/DD/XXVY] \$
Cify	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	**	Occupation
Employer:Mailing/Address://Principal Place of Business		Description of
Place of Business		Contribution

# Statement of Expenditures

Filer Identification Number:	
<ul><li>(2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4</li></ul>	

			·	
To Whom Paid	<u>E</u>			Date [MM/DD/\\\\)
House#	Street Address			Description of Expenditure
City	BUTTHER ASS. COMM.	State	Zip Code	
To Whom Raid∗		1879/4879/ASIA	(65-1-152-1-158-1-158-1-158-1-158-1-158-1-158-1-158-1-158-1-158-1-158-1-158-1-158-1-158-1-158-1-158-1-158-1-1	Date [MM/DD/YYYY] \$
# # Blouse #	E Some of the residence of the			
	Street Address			Description of Expenditure
Giv		State	Zip Code	
To Whom Paid				Date [MIVI/DD/YYYY] S
:House#	Street Address	·		Description of Expenditure
City		State	Zip (Code) (S	
To Whom Paid	<u> </u>		NCOG C	Date [MM/DD/WWY]
		<u> </u>		* ************************************
House #	Street Address		<u>.</u>	Description of Expenditure
City		State	Zipi Code	
To:Whom:Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
Gity :	[BOTTOM CALL TO SECTION SACTOR	State	Zip Code	
To Whom Paid		,		Date [MM/DD/YYYY] \$
House:#	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		Product Conference	[886.05 g/m/8 c/m/9]	Date [IVIM//DD/YYYY]
House#	Street/Address			Description of Expenditure
City	1995 - A 1994 - 1984 - 1	State	Zip Code	
To:Whom/Paid			p. 35.50. 40.17.6	Date [[V/M/DD/XYYY/]   \$
House#	Street Address			Description of Expenditure
City	-p (1) What was a series of a 2/1/1/2   1/6	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.

The Internity of the In			
Name of Creditor	Standar Manual Lorange diese, who and		Outstanding Balance of Debt
nouse.#	Street Address	DATE DEBT INCURRED [MM//DD/YYYY]	
City		State Zip Code	
Description of Debt		17 16 3 954	Jan Val
Name of Creditor	2004		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED	\$
City	Technology (1) to the second (1)	State Zip	
Description of Debt			
Name of Creditor House #		Police applications of	Outstanding Balance of Debt
	Street/Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>*</b>
City		State Zip	
Description of Debt			(5) A
/Name/of Creditor House #	2.5 (4) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7		Outstanding Balance of Debt
HOUSE;#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>3</b>
Gity .	24 (	State Zip Code	
Description of Debt			22 ° 31
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
City		State Zip Code	
Description of Debt		[POL_ 2] (200. 201   POL_ 2] (200. 2] [POL_ 2]	
Name of Creditor			Outstanding Balance of Debt
House#	treet:Address	DATE DEBT INCURRED [MM//DD/YYYY]	S
City		State Zip	
Description of Debt	t <sup>o</sup>	20.00.004U PNTTVIA 28 8	



### Pennsylvania Department of State

Name of Filing Committee, Candidate, or Lobbyist

Reporting Cycle Name

Committee

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campalgnfinance • ra-stcampalgnfinance@pa.gov

2021 HAY -7 PM 4: 04

# Unsworn Declaration in Lieu of Sworn Statement for **Campaign Finance Reports**

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. 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. This form must be signed by hand where a signature is required.

Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	□ Cycle 3 30 Day Post Primary	☐ <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election		☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Special	☐ Cycle 9  Election 30 Day Post-Sp.		cle 9 est-Special Election
Part I - If this form this form is submit is submitted with a I declare under pe that the accompa	ted with a Candid a report by a cont nalty of perjury u	ate report, the car ributing lobbyist, t nder the law of th	ndidate i the lobby ne Comn	must sign h √ist must si nonwealth	ere. If this report ign here.
Jack	Surer, Candidate, . N. Mc Gr	or Lobbyist		05 2 ate (DD/M	021 M/YYYY) PA, USA
Pr	inted Name	U	Locati	on /City/Ci	tata/Country

Location (City/State/Country)



### **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@process PA 4 - 7 PA 4: 04

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

06/05/202

Date (DD/MM/YYYY)

n D. McGregur

**Printed Name** 

North East, PA, USA

Location (City/State/Country)