| Reset Form | Print Form |
|------------|------------|

### Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Filer Identification Report Filed By Candidate Lobbyist Number ( Mark X) Name of Filing Committee, Candidate or Lobbyist . JWONN Street Address State Zip Code Erie 16507 Type of Report (Place x under report type) 1-6<sup>th</sup> Tuesday 2- 2<sup>nd</sup> Friday 3-30 Day Post 4-6<sup>th</sup> Tuesday 5-2<sup>nd</sup> Friday 6-30 Day Post 7- Annual Special 2nd Friday Special 30 Day Pre-Primary Pre-Primary Primary Pre-Election Pre-Election Election Pre-Election Post-Election Date Of Election Year Amendment Termination 05/07/21 (MM/DD/YYYY) Report Report Summary of Receipts and From Date To Date For Office Use Only Expenditures 4-27-2021 05-06-2021 A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures 887,22 (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge, and belief true, correct and complete. Sworn to and subscribed before me this of Person Submitting report Taylol My Commission expires MO. DAY Area Code Daytime Telephone Number Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this Signature of Candidate Signature Printed Name My Commission expires

Area Code

Daytime Telephone Number

MO.

DAY

YR.

## SCHEDULE I **Contributions and Receipts**

Detailed Summary Page

| and the state of t | ٩.                    | <u></u>        |  |
|--|-----------------------|----------------|--|
| 1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor  |                       |                |  |
| ses eo of tess per Contributor   |                       |                |  |
| Total for the reporting period   | (1)                   | \$             |  |
| 2. Contributions of \$50.04 - 100  |                       | 3              |  |
|  |                       | interpretation |  |
| ontributions Received from Political Committees (Part A)   | harit.                |                |  |
| ll Other Contributions (Part B)  |                       | \$             |  |
|  |                       | \$             |  |
| Total for the reporting period   | (2)                   | <del></del>    | <del></del>  |
| Contributions Over \$250:00 (From Part C and Part D)   | (4)                   | \$             |  |
|  | tur (eyr)<br>Venez (e | 00 E E         |  |
| ntributions Received from Political Committees (Part C)  |                       | this in        | The state of the s |
| Other Contributions (Part D)   | - 1                   | \$             |  |
|  |                       | \$             |  |
| Total for the reporting period   | (3)                   |                | <del></del> _  |
| Pher Receipts-Refunde 194502-1   | (3)                   | \$             |  |
| Ther Receipts Refunds Interest Earned, Returned Checks, ETC: (From Part E)   |                       | The state of   | Vittorije Operacias samanicas  |
|  |                       |                |  |
| Monetary Contributions - In  | 4)   \$               |                |  |
| Monetary Contributions and Receipts during this reporting period (Add and r amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Repo   |                       | +              |  |
|  | 1 7                   | 1              |  |

#### 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                                |                    | -                                       |   |              |
|--------------------------------|---------------------------------------|--------------------|---|---|--------------|
|                                |                                       |                    |   |   |              |
|                                | <u> </u>                              |                    |   |   | Amount       |
| Full Name of Co                | ntributing                            |                    |   | Date [MM/DD/YYYY] \$                              |              |
| Committee                      |                                       |                    |   |   |              |
| House #                        | Street Address                        |                    |   | Data IMBI (DD 0000)                               |              |
|                                | Street Address                        |                    |   | Date [MM/DD/YYYY] \$                              |              |
|                                |                                       |                    |   |   |              |
| City                           |                                       | State              | Zip Code                                | Date [MM/DD/YYYY] \$                              |              |
| · 企业第一次专                       |                                       |                    |   | 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1          |              |
| Full Name of Cor<br>Committee  | itributing                            |                    |   | Date [MM/DD/YYYY] \$                              |              |
|                                |                                       |                    |   |   | •            |
| House #                        | Street Address                        | ·                  |   | Date [MM/DD/YYYY] S                               |              |
|                                |                                       |                    |   |   |              |
| City                           |                                       | State              | Zip Code                                | Date [MM/DD/YYYY] \$                              | <del>-</del> |
|                                |                                       | 50 (50)<br>50 (50) |   | Sare Inna DDI Cit (188 92)                        |              |
| Full Name of Con               | tributing                             | 7 : 83 - 06(137)   | 1 A W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Date [MM/DD/YYYY] \$                              |              |
| Committee                      |                                       |                    |   | <u> </u>  |              |
| House #                        | Company of the second                 |                    |   | (基金)<br>(2.3)                                     |              |
|                                | Street Address                        | -                  |   | Date [MM/DD/YYYY] \$                              |              |
|                                |                                       |                    |   |   |              |
| City                           |                                       | State              | Zip Code                                | Date [MM/DD/YYYY] \$                              |              |
|                                |                                       |                    |   |   |              |
| Full Name of Con               |                                       |                    |   | Date [MM/DD/YYYY] \$                              |              |
|                                |                                       |                    |   |   | i            |
| House #                        | Street Address                        |                    |   | Date [MM/DD/YYYY] \$                              |              |
|                                |                                       |                    |   |   |              |
| City                           | 12 to grand the talk 2                | State              | Zip Code                                | Date [MM/DD/YYYY]                                 |              |
|                                |                                       |                    |   | (新年) (中華) (新春) (西華) (西華) (西華) (西華) (西華) (西華) (西華) |              |
| Full Name of Cont              | ributing                              |                    |   | Date [MM/DD/YYYY] \$                              |              |
| Committee                      |                                       |                    |   | *Date INDALLED S                                  |              |
| House #                        |                                       |                    |   |   |              |
| Tiouse #                       | Street Address                        |                    |   | Date [MM/DD/YYYY] \$                              |              |
|                                |                                       |                    |   |   |              |
| City                           |                                       | State              | Zip Code                                | Date [MM/DD/YYYY] \$                              | ,            |
|                                |                                       |                    |   |   |              |
| Full Name of Cont<br>Committee | ributing                              | •                  | <u> </u>                                | Date [MM/DD/YYYY] \$                              |              |
| <b>建设的设施和多</b> 位的。             |                                       |                    |   |   | · ·          |
| House #                        | Street Address                        |                    | · · · · · · · · · · · · · · · · · · ·   | Date [MM/DD/YYYY] \$                              |              |
| CAROUS NO.                     |                                       |                    |   |   |              |
| 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] \$                              |              |
|                                |                                       |                    |   |   |              |
| A Company                      |                                       | (September 1987)   |   |   |              |

### 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.)

| if ler identification Numbers.                    |                          |
|---|--------------------------|
| FülliName of Contributors  Houseur Street Address | Date (MM/DD/WYY)         |
| Gity State Zip Code                               | Date [MM/DD/YYYY] S      |
| Full Name of Contributor                          | Pate/IMM/OD/MYW/         |
| Griy // State   Zip Gode                          | iPateIMM/DD/YYYY) \$     |
| FUII Name of (Contributor)                        | IDate IMM/DD/YYYYI       |
| Street Address  All State 700 Gales               | JPate IMM/PD/XYXMI IS    |
| State Zip Gode                                    | *Date(MM/OD/XYXX);       |
| Street Address                                    | Date [MM/DD/YYYY] \$ 5   |
| y State Zip:Code:                                 | Pate[MM/pD/xyyy] \$      |
| Street Address                                    | Date [MM/DD/YYYY]   S    |
| State Zip Code Name of Contributor                | Date[[MM/DD/yyyy]]; #\$* |
| Street Address                                    | Pate [MM/DD/YYYY]   S    |
| State Zip Code                                    | Date [MM/DD/YYYY] 153    |
|   |                          |

# Contributions Received From Political Committees

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 Sconnittee  | vith an aggregate value over \$ | ons received from Political Committees<br>250.00 in the reporting period. |  |
|--|---------------------------------|---|--|
| Flouse## Street Address Gity:  | tate Zip code                   | Date (MM/DD/YYYY) S   |  |
| Full Name of Continues of Conti |                                 | Date (MM/DD/XXXX)   |  |
| Full Name of Gont bating Committee House# Street Address   |                                 | Date IMM/DD/YYYYI 3 S   |  |
| Gty 3  State  Gull Name of  Contributing committee   | Zip Cödé<br>Taganan             | Date (MM/DD/YYYY) 3 S   |  |
| Foliage Street Address  Gry State  State  State  Contributing committee  | Zip Code                        | Date IMM/DD/XYYY] \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   |  |
| Flouse# Street Address GItV  | Zip.Code -                      | Date [MM/DD/YYYY]   S   |  |
| Full Name of  Sontributing Gommittee  Outcome  Street Address  | - Parage                        |   | AND THE REAL PROPERTY OF THE PERTY OF THE PE |
| 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)

| Full Name of   | <u>Contributor</u>                          |       |           | ADate [MM/DD/XXXX]   |
|--|---|-------|-----------|--|
| Gity<br>mployer Nan  | ling Address/<br>OfBusiness                 | State | Zip Code: | Date [MM/DD/YYYY] 25 Date [MM/DD/YYYY] 25 Occupation                         |
| ployer/Name  | Sincer Addre                                | State | ZID.Gode  | Date [MM/DD/XYYY] \$  Date [MM/DD/XYYY] \$  Date [MM/DD/XYYY] \$  Occupation |
| STORES OF STATE OF ST | Street Address  Address  Address  Ostronomy | State | Zip Code  | Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation          |
| Per Name  Per Mailing A:   | Street Address                              | State | Zip Code  | Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$               |

#### 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.

| Heridentification N  |                |       |             |                         |
|--|----------------|-------|-------------|-------------------------|
| House##  Gity  Receipt/pescription  Full Name:                   | Street Address | State | Zip<br>Code | Date [MM/DD/YYYY] \$:   |
| House #  <br>Crity<br>Receipt Description                        | Street Address | State | Zip<br>Zode | Date [MM/DD/YYYY] 35    |
| House####################################                        | Street/Address | State | Zip<br>Code | Date IMM/DD/XYYYI   \$5 |
| Full (Name)  House #    Gity  Receipt#Description    Gull (Name) |                | State | Zip<br>Code | Date [MM/DD/YYYY] \$    |
| louser#  | Street Address | State | Zip<br>Code | Date [MM/DD/xxxxx]/ \$  |
| Let Market   | Street Address | State | Zip<br>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

| 。<br>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1  |  |  |  |
|--|--|--|--|
| A st. UNITEMIZED IN KIND GONT. OTAL for the reporting period   | (1)  | AUUF OF \$50:00 OR (LESS PERTCONTRIBUTIOR) |  |
| 2 IN KIND GONTRIBUTIONS REC  | PEIVED VALUE (OF \$50)                         | 11-TO \$250100 (GROMIPARTIE) II            |  |
| (3) ANNEXING GONTRIBUTION REGE   | (3)  | 000((FROMPARTIG))                          |  |
| AL VALUE OF IN-KIND CONTRIBUTION<br>OD (Add and enter amount totals fro<br>age 1, Report Cover Page, Item F) | NS DURING THIS REPO<br>om boxes 1, 2, and 3; a | TING \$                                    |  |

### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

| Filer (dentification Number  | VALUE OF \$50             | .01 TO \$250  |
|--|---------------------------|---|
| Full Name of Contributor 2   |                           | Date MM/DD/MM/III s   |
| Gry  Description of Contribution  Full Name of Contributors          | t Address State Zip Gode  | Date [MM/DD/YYYY] S   |
| House# Street:  Gry  Description of Contribution                     | Address<br>State Zip Code | Date [MM/DD/YYYY] \$5   |
| Full Name Of Contributor.  Louise (f)  Size et Ad  Ity               | dress                     | Date (MM/DD/YYYY) S  Pate (MM/DD/YYYY) S  Pate (MM/DD/YYYY) S |
| Il Name of Gontributor  Use III Street Add  Cliption of Contribution | ress<br>State Zip Gode    | Date (MM/DD/YYYY)   S   Date (MM/DD/YYYY)   S                 |
| Name of Contributor  SE# Street-Addre                                | State Zip Code            | Date [MM/DD/YYYY]   \$   Date [MM/DD/YYYY]   \$               |

## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

| Mis Well interest the second  |                  |   |
|---|------------------|---|
| Full Name of Contributor  | Address          | TDate:[MM/bb/yyyy] \$                               |
| Gity, 79  | State Zip.Code   | Date [MM/DD/YYYY] \$5                               |
| Employer/Name<br>Employer/Mailing/Address//ap<br>Place of Business  | ringpal          | ¿Occupatión<br>¿Descriptión                         |
| FUID Name of Contributor  House ## Street A   | datess           | of<br>(Contribution)<br>(Date (MM/DD/MYYY))         |
| Gity  | State Zipicodé   | Date [MM/DD/YYYY] S                                 |
| Employer, Name<br>Leanny<br>Employer Mailing Address // pri<br>Place of Business'   | Total (my typhy) | Occupation)   |
| FUII Name/of/Gontributor<br>House:#/<br>Street/Ad   | Gress            | Qentribution  1Date (MM/DD/YYYY)  Date (MM/DD/YYYY) |
| Gity<br>Brigging Control of the Control | /State Zip Gode  | Date [MM/DD/YYYY]                                   |
| mployer Malling Address //p/in<br>Place of Business // see  | cipal (**)       | Occupation Description of                           |
| ull Name öf Contributor<br>332<br>louse # Street Add  | ress             | Date [MM/DD/YYYY] \$                                |
| nitý s<br>mploverName   | State Zip Gode   | Date (MM/DD/YYYY)                                   |
| estev<br>Tiployer Mailing Address // Princ<br>Jace 201 Business   | pal              | Occupation  Description  of a  Gont ribution        |

## Statement of Expenditures

| DESANT                      | is sign                                     | IS  | Pate (MM/DD/MYX) \$50<br>4/27/2021   | 781.22   |
|-----------------------------|---|---|--|--|
| 540 Street Address U        | JEST 18TH                                   | ST.   | Description of Expenditure   |  |
| TRANSPORTER                 | Pa Pa                                       | Zip   | Signs  |  |
| TOWNOM PAID DESANT          | is signs                                    | 3.A   | Date MM/DD/XXXXI   | 106.00   |
| Höuser 540 Street Address U | Uest 18 T                                   | H<br>ST.  | 04/30/2021 Description of Expenditure  | ,  |
|                             |   | 16502   | Bottons  |  |
| ToWhom Paid                 | <b>変態例</b>                                  | DOGE STATE  | Date [MM/DD/MMM]   St  |  |
| Hölise# Street Address      |   | · · · · · · · · · · · · · · · · · · ·   | Description of Expenditure (%)   | ur vers kanter kon ersken enskriver  |
| GIV.                        | ate ( Z                                     | P. A. P.  |  |  |
| TolWhomiPaid %              |   | ode.  |  |  |
| House # Street Address      |   |   | Date [MM/DD/VYYY] \$   |  |
|                             | ikuwa sa i                                  |   | Description of Expenditure   |  |
|                             | ate Zi                                      | o ace in the control of the control | 44,000,000,000   | er en er en  |
| (oWhom Paid                 | · · · · · · · · · · · · · · · · · · ·       |   | ¿Date (MM/DD/YYYY)   |  |
| House # Street Address      |   |   | Description of Expenditure   |  |
| City/                       | 発表   1220                                   | de 🖟  |  |  |
| iro Whom Paid               |   | ACOMECUAL .   | Date MM/DD/YYYY 3 5  |  |
| House H Street Address      |   |   | Description of Expenditure   |  |
| Coty Sta                    |   |   | The second secon |  |
| To Whom Paid                | Goo   | le<br>Ie  | Date (MM/DD/XXXX) a lisy   | n de la grande de la companie de la grande de |
| House # Street Address      |   | <u> </u>  |  |  |
|                             | 598 IV-198                                  | 3   | Description of Expenditure   |  |
| Gity Sta                    | e Zip<br>God                                | Ē   |  |  |
| 打がWhom Paid<br>(変数)         | <del></del>                                 | 3   | Date [MM/DD/YYYY]   5  | - Produce (Tr. September 1985)   |
| House # Street Address      |   | 133   | 。在1964年的1962年中的1964年的1964年的1964年的1964年的1964年的1964年中的1964年的1964年的1964年的1964年的1964年的1964年的1964年的1964年的1964年的1964年  |  |
| GiV                         | e Zip<br>Cod                                | (Sp. 1977)  |  |  |
|                             | 300 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |   | ত্ৰিক বিশ্বস্থানীৰ স্বৰুদ্ধে নিজৰ কৰে ইউছিছু ক্ষমান কৰিছিল কৰা । এই বিশ্বস্থানী বিশ্বস্থানী বিশ্বস্থানী কৰিছিল   |  |

### 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. fileridentification Number 3

| are purification       |                | obligations which are outstanding at the end of the reporting period.  |
|------------------------|----------------|--|
| Name of Greditor       | Street Address | Quistanding Balance of Debta:  Apart Debta in Code  [Quistanding Balance of Debta:  [Quistanding Balance of  |
| House #                | Street Address | DATEIDEBT INCURRED SS GMM/DD/YYYY)  State  Zip  Gode   |
|                        |                | DATE DEBTINGURRED  State  Zip  Gode  |
|                        | reet Address   | DATE:DEBT:INGURRED.  [MM/DD/Y/Y/Y/]  State  Zip: Gode  |
| escription of Debt 172 | et'Address     | Outstanding Balance of Debt:  DATE DEBTINCURRED  [MM/DD/YYYY]  State  Zip  Gode  |
| Stree Stree            | Address        | Outstanding Balance of Debr  DATE DEBT (NOURRED SET (NOUR ED |



### 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

2021 MAY -7 PM 3: 50

# 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.

| Name of Filing<br>Reporting Cycle                          |  | ndidate, or Lobby                                      | /ist              |   |   |
|--|--|--|-------------------|---|---|
| □ <b>Cycle 1</b><br>6 <sup>th</sup> Tuesday<br>Pre-Primary | Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary | ☐ Cycle 3 30 Day Post Primary                          | 6 <sup>th</sup> 7 | <b>Cycle 4</b><br>Tuesday<br>Election   | ☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday  Pre-Election |
| □ Cycle 6 O Day Post-Election                              | ☐ Cycle 7 Annual Report                      | ☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Special Election |                   | ☐ 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.

> DSEB-502R Updated 1/22/2021