

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification		Repo	ort Filed E	Зу	Candid	ate			Con	mittee	•		Lobbyist	
Number		(Ma	rk X)		<u> </u>				<u>[</u>			X		
Name of Filing Committee, Ca	indidate or	Edward Wilson												
Lobbyist Street Address														
		914 R	eed St.	. ,										
City Erie					State	Pa			Zip	Code	16503			
Type of Report (Place x under report type)														
1- 6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	1		Tuesday lection	ı	^d Friday Election		0 Da	y Post	7- A	nnual	Special 2 Pre-Elec	2 nd Friday tion	Special 30 Post-Elect	-
							•					<u> </u>		
Date Of Election (MM/DD/YYYY)	5/18/21	Year	<u> </u>	2	2021	Am		nent		<u> </u>	Termina Report	tion		
Summary of Receipts and	From Date		To Date						L	For	Office Use	Onbe		
Expenditures	Piolii Date		TODATE							FOI	Office Ose		~3	
A	4/9/21			5/3/21				2 - 1	100		Market State	Ö,	3	
A. Amount Brought Forward F	e e e e e e e e e e e e e e e e e e e	\$		0								MM DD		
B. Total Monetary Contribution		\$	\$	1,500.0	00							70 m	t	
(From Schedule I) Ace x under :	<u> </u>	\$				1						2 mg/m		
(Sum of Lines A and B)	<u> </u>	•		\$849.4	7	ĺ								
D. Total Expenditures		\$	Ś	2,094.4	43							N-I	တ္သံ သ	
(From Schedule III)						1								
E. Ending Cash Balance (Subtract Line D from Line C) -\$			1,244.	96							2000	5		
F. Value of In-Kind Contribution (From Schedule II)	ons Received	\$,	\$208.8	5									
G. Unpaid Debts and Obligation	ons	\$		0		1								
(From Schedule IV)	der der solen is				ffidavit Se	ection								
Part 1- If this is a Committee repor				didate	report, c	andida						<u> </u>		
I swear (or affirm) that this report,		ied sc	hedules or	n paper	, is to the	best o	f my l	knowled	ge and	belief	łue, correct	and complet	te.	
Sworn to and subscribed before m	e this				C	۷.۱	4	/	1	L	مبہ			
*** Weday.of	20		1		-(<u> </u>	\mathcal{M}		7		<u> </u>		
			 -				V)	anatuke i An (pt Pers 7 다	on Subn	nitting repor FEE1		_	
Signature			٠, ا			_	,	,,	Print	ted Nam	ne		-	
My Commission expires	·				_	814	<u> </u>			_4	1600	1140	2	
MO.	DAY YR.		Area Code Daytime Telephone Number											
Bart II- If this is a report of a Candio	date's Authorized C	ommi	ttee, candi	idate si	hall sign h	ere.								
Tswear (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 m	a thic						,		,	,				
	21 21				4		دووه	1	//1	<u>_</u> _	_			
3day of	20		1		<u> </u>	U	ut	/ (100		date		_	
A State of the sta	Signature of Candidate * Edward Wilson													
Signature			ا ،						Printed	Name				
My Commission expires					8	14				449-2	617			
MO.	DAY YR.				,	Area Co	de			Dayl	ime Telepho	one Number		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number				
MAN TO WAR TO				
1.Unitemized Contributions and Receipt	c \$50.00 or loss non Contributor			
and contributions and Receipt	5-350.00 or Less per Contributor	*		<u></u>
	Total for the reporting period (1)	\$	
2. Contributions of \$50.01 to \$250.00 (F Part A and Part B)	rom	٠		
Contributions Received from Political Con	nmittees (Part A)		\$	\$250.00
All Other Contributions (Part B)			\$	\$750.00
regarded to	Total for the reporting period (2)	\$	\$1,000.00
3. Contributions Over \$250.00 (From Par	rt C and Part D)		1.	
Contributions Received from Political Con	nmittees (Part C)		\$	\$500.00
All Other Contributions (Part D)			\$	
The finishes and asked the state of the second sections.	Total for the reporting period (3)	\$	\$500.00
4. Other Receipts-Refunds, Interest Earn	ed, Returned Checks, ETC. (From Part E)			
	Total for the reporting period (4)	\$	
Total Monetary Contributions and Receipt enter amount totals from Boxes 1, 2, 3 and Cover Page, Item B)	ts during this reporting period (Add and d 4; also enter this amount on Page 1, Repo		\$	

E-Jana Sales

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E. ... Annual service and all an experience record continues are service and an experience of the service and a se

and Asia Single of the Control of th

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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					
					Amount
Full Name of Contributing			Date [M	IM/DD/YYYY] \$	
Committee	e to elect Joh	hn Loomis	· · · · · · · · · · · · · · · · · · ·	4/12/21	\$250.00
House # Street Address W	est 32nd		Date [M	IM/DD/YYYY] \$	
City Erie	State	Pa Zip Code	16506 Date [M	IM/DD/YYYY] \$	
Full Name of Contributing Committee		·	Date [M	im/DD/YYYY] \$	
House # Street Address			Date [M	IM/DD/YYYY] \$	
City	State	Zip Code	Date [M	im/DD/YYYY] \$	
Full Name of Contributing Committee			Date [M	im/DD/YYYY] \$	
House # Street Address			Date [M	IM/DD/YYYY] \$	-
City	State	Zip Code	Date [M	IM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [M.	M/DD/YYYY] \$	
House # Street Address		-	Date [M	M/DD/YYYY] \$	
City	State	Zip Code	Date [Mi	M/DD/YYYY] \$	
Full Name of Contributing Committee	ŀ		Date [Mi	M/DD/YYYY] \$	
House # Street Address			Date [M	M/DD/YYYY] \$	
City	State	Zip Code	Date [Mi	M/DD/YYYY] \$	
Full Name of Contributing Committee	· ·		Date [Mi	M/DD/YYYY] \$	
House # Street Address			Date [M	M/DD/YYYY] \$	
City	State	Zip Code	Date [M	M/DD/YYYY] \$	

Service Comments

Service Control Contro

AN PROPERTY LANDS CONTRACTOR OF THE PROPERTY O

ARTHURSON SCHOOL STATE

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.)

Elizabeth Wilson S250.00 House # 2807 Street Address State Pa Zip Code I6508 Date [MM/DD/YYYY] \$ Full Name of Contributor David Johns Date [MM/DD/YYYY] \$ Full Name of Contributor State Pa Zip Code I6428 Date [MM/DD/YYYY] \$ City Northeast Pa Zip Code I6428 Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric State Pa Zip Code I6509 Date [MM/DD/YYYY] \$ City Eric	Filer Identification Number:				
Nancy Feeney					
Nancy Feeney	···				
House # 7700 Street Address Lymehurst Dr. Date [MM/DD/YYYY] \$	Full Name of Contributor			Date [MM/DD/YYYY]	\$
Tool Lymehurst Dr. City Erie	N	lancy Feeney	4/9/21	\$100.00	
City Erie State Pa Zip Code 16509 Date [MM/DD/YYYY] \$	House# Stree	t Address		Date [MM/DD/YYYY]	\$
Full Name of Contributor Kelly Malone House # Street Address East 8th City	7700	Lymehurst Dr.			
Full Name of Contributor Kelly Malone Date [MM/DD/YYYY] \$ 100.00			Zip Code	Date [MM/DD/YYYY]	\$
Relly Malone Street Address East 8th Date [MM/DD/YYYY] \$	Erie		16509		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
House # Street Address Street Address East 8th Date [MM/DD/YYYY] \$	Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$
East 8th State Pa Zip Code 16503 Date [MM/DD/YYYY] \$	K	elly Malone			100.00
East 8th State Pa Zip Code 16503 Date [MM/DD/YYYY] \$	House # Street	t Address		Date [MM/DD/YYYY]	## \$#
State Pa Zip Code 16503 Date [MM/DD/YYYY] \$ \$ \$ \$ \$ \$ \$ \$ \$	A STATE AND A STAT	derodud o n			
Full Name of Contributor Pa	City	State	Zip Code	Date [MM/DD/YYYY]	
Elizabeth Wilson S250.00 Street Address State Pa	Erle	Pa			
House # 2807 Street Address Charlotte City Frie State Pa Zip Code 16508 Full Name of Contributor David Johns Date [MM/DD/YYYY] \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Full Name of Contributor		COMPANY OF THE COMPAN	Date [MM/DD/YYYY]	\$#.
City Date [MM/DD/YYYY] \$ Full Name of Contributor David Johns Date [MM/DD/YYYY] \$ Full Name of Contributor David Johns Date [MM/DD/YYYY] \$ Street Address PA 89 Full Name of Contributor Margaret Pettit Date [MM/DD/YYYY] \$ Full Name of Contributor Margaret Pettit Date [MM/DD/YYYY] \$ Street Address Delphos Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Street Address Delphos Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Street Address Delphos Date [MM/DD/YYYY] \$ House # Street Address Delphos Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Delphos Date [MM/DD/YYYY] \$ Street Address Date [MM/DD/YYYY] \$	Production in	lizabeth Wilson			\$250.00
City Date [MM/DD/YYYY] \$ Full Name of Contributor David Johns Date [MM/DD/YYYY] \$ Full Name of Contributor David Johns Date [MM/DD/YYYY] \$ Street Address PA 89 Full Name of Contributor Margaret Pettit Date [MM/DD/YYYY] \$ Full Name of Contributor Margaret Pettit Date [MM/DD/YYYY] \$ Street Address Delphos Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Street Address Delphos Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Street Address Delphos Date [MM/DD/YYYY] \$ House # Street Address Delphos Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Delphos Date [MM/DD/YYYY] \$ Street Address Date [MM/DD/YYYY] \$	House# Street	t Addrocc		Date [MM/DD/YYYY]	<u> </u>
State Pa Zip Code 16508 Date [MM/DD/YYYY] \$ \$ \$ \$ \$ \$ \$ \$ \$	2807	Charlotte		24 (12 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14	
Full Name of Contributor David Johns Date [MM/DD/YYYY] \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	City		Zip Code	Date [MM/DD/YYYY]	
David Johns Street Address Street Address Street Address Pa State Pa I6428 Date [MM/DD/YYYY] \$ \$ \$ \$ \$ \$ \$ \$ \$	Erie	Pa	16508		Carrier Basin Basin Basin
David Johns \$100.00	Full Name of Contributor	**************************************	Lister Charles Assessment	Date [MM/DD/YYYY]	
State Pa State State State Pa State State Pa State State State Pa State Sta	D	avid Johns			5-35
State Pa State Pa State Pa State Pa State Pa State Pa State Pa State Pa State State Pa State State Pa State State State Pa State	House # Street	t Address		Date [MM/DD/YYYY]	
Northeast Pa 16428 Pa Pa 16428 Pa Pa 16428 Pa 16	5446	PA 89			(No. 4)
Northeast	City	State	Zip Code	Date [MM/DD/YYYY]	
Margaret Pettit \$200.00				Have the later than the second of the second	96 96
House # Street Address Delphos Date [MM/DD/YYYY] \$ City Erie State Pa I6509 Date [MM/DD/YYYY] \$ Tolk of Contributor Date [MM/DD/YYYY] \$ Date [MM/DD/YYYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/	Full Name of Contributor		Leading and American and	Date [MM/DD/YYYY]	S
City Erie State Pa Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House #* Street Address Date [MM/DD/YYYY] \$	M	largaret Pettit			\$200.00
City Erie State Pa Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House #* Street Address Date [MM/DD/YYYY] \$	House # Street	: Address	Date [MM/DD/YYYY]	<u> </u>	
City Frie State Pa Zip Code 16509 Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House #* Street Address Date [MM/DD/YYYY] \$	2143	Delphos			
Full Name of Contributor Date [MM/DD/YYYY] \$ House #* Street Address Date [MM/DD/YYYY] \$	Citý i		Zip Code	Date IMM/DD/YYYY1)
House#/ Street Address Date [MM/DD/YYYY] \$			16509	The content of the state of the	
House#f Street Address Date [MM/DD/YYYY] S	Full Name of Contributor	I on way and I	g myn se i miline i sa 194	Date [MM/DD/YYYY]	Y
			•	9.7	
	House # Street	Address		Date [MM/DD/YYYY]	
City Code Zip Code Zi	A CONTRACTOR OF THE PROPERTY O	44. J. N. 3. 11.			
	cCity.com	State	Zip Code	Date [MM/DD/YYYY]	

P10-2-10 12 14 1

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PART C

Contributions Received From Political Committees

Over \$250.00

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

明 《温度基本》					
Filer Identification	ı Number:				
(A)	5. 明空光绪 联门				
Full Name of Contributing Co	mmittee			Date [MIM/DD/XYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City .		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee	The CONTRACT	The Selection of California	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gityens	PART STATE OF THE	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
.div.	TO STREET STATE OF THE PROPERTY OF THE PROPERT	State	Zip Code	Date [MM/DD/XXXX] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity	en e	State	Zip Code	Date [MM/DD/XYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City]。「************************************	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	C36, 220, 238, 238, 286, 86, 86, 87, 97, 1			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	[5] 宋文清学年末温季与农立。	State	Zip Code	Date [MM/DD/YYYY] \$	

* Office of the state of

Filer Identification Number:

AN ALLOSSALES

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 Conti	ributor			Date [MM/DD/YYYY] \$	
	Eric Barry				\$500.00
1. 20 - 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.					
House #	Street Address			Date [MM/DD/YYYY] \$	
333	St	ate St.		102 100 100	
and the second		6	Transport of the state of the s		
City Erie		State Pa	Zip Code 16503	Date [MM/DD/YYYY] \$	
Employer Name	reliation made on the same care			Occupation	
Employer Mailing	Address /			Program of the Life	
Principal Place of E					
Full Name of Contr				Date [MM/DD/YYYY] \$	
	[74] [84] [1.27]				
House #	Street Address			Date [MM/DD/YYYY] \$	
Mary Land					
City		Caran	Presidence (Carlos Carlos Carl	Specification (many)	
City , ;		State	Zip Code	Date [MM/DD/YYYY] \$	
	18-12 Jan 81 Jan 190 J		[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		
Employer Name				Occupation	
Employer Mailing /	Address /			至14年的代表的企业企业的企业。 	
Principal Place of B					
Full Name of Contr	ibutor			Date [MM/DD/YYYY] \$	
The seal dise				2 1 mg	
35年4月5日中央					
House #	Street Address			Date [MM/DD/XYYY] \$	
-44XC 19X2				2日 日本 たちま 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
1					
Employer Name	ing saina kalan kahik		· 特殊的 [1] [1] [1]		
Eliipioyei Walile				Occupation	
Employer Mailing <i>F</i> Principal Place of B				to the survey free to an	
Full Name of Contr				Date [MM/DD/YYYY] \$	
minal Place of S	USINESS				
House #	Street Address			Date [MM/DD/YYYY] \$	
 City	1000年中,李正先帝	State	Zip Code	Date [MM/DD/YYYY] \$	
and the second s				A STANDAR AND	
4					
Employer Name		-		Occupation	
Employer Mailing A	Addrass /				
Principal Place of B					

44 F. Charles of San San Control of San Control of

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 Num	ber:				
MBJ					
Full Name					-
House #	Street	Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			N. E. S. C.		<u> </u>
Full Name					
House #	Street	Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				Carrier and the carrier of the carri	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name	MARK 1				
House #	Street	Address			
City	2015 11 50 11 50		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Variable Variable		" "	1	Para
Full Name					
House #	Street /	Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
House #	Street A	Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
House #	Street A	Address			
City	d subm		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	derita skiler		Tamento, et	[+ A]* #1#1	

SCHEDULE II

* The state of

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

	52:////	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TINI I AGE
Filer Identification Number:			<u> </u>
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALUE OF \$5	0.00	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	\$208.85
Kalendari eta eta eta dia di			
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250,00 (FRON	VI PAF	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIO	INS DUBING THIS DEPORTING	\$	
PERIOD (Add and enter amount totals fr		ډ	
on Page 1, Report Cover Page, Item F)			\$208.85
	•		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

		-	VALUE OF \$30.01 TO \$23			
Filer Identification I	lumber:					
F. 2.55 F. 3.55	11.745.85					
Full Name of Cont			**		I. C.A., I	
Full Name of Cont	Nancy Feeney			Date [MM/DD/YYYY]	10.001	.
	Nalicy reeliey					\$208-85
House #	Street Address	-		Date [MM/DD/YYYY]	\$	
//00	Lyr	mehurst Dr.			鰻	
City	- 1	State	Zip Code	Date [MM/DD/YYYY]	\$	<u> </u>
Erie		Pa	16509			
Description of Cor	ntribution		1 81 22 714 208		n	
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
House #	Street Address	·		Date [MM/DD/YYYY]	S	
ROWN SELECTION OF THE S						
City	Herbitana Nila Birta (1871)	State	Zip Code	Date [MM/DD/YYYY]	\$	
				1 Praces Services and Problems Control of the Contr		
Description of Cor	ntribution	P/-82/-			TAR	<u> </u>
	Traction (6) 10 (1) 10 (1)					
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	•
House #	Street Address			Date [MM/DD/YYYY]	\$	
City 100		State	Zip Code	Date [MM/DD/YYYY]	\$	
, if Editations or reserve to the professional a						
Description of Con	tribution		Arrest of Arrest St.			
		10				
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
					9. (9 65 k	
House#(376.64) Can	Street Address			Date [MM/DD/YYYY]	\$	
					1900 Ason	
City	The second second second	State	Zip Code	Date [MM/DD/YYYY]	\$	
	•					
Description of Con	tribution		The state of the s		i Peti I	
Full Name of Conti	ibutor	52 52		Date [MM/DD/YYYY]	\$	
"MV" I				Date IIMM/DD/11 CT		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Mr. may again of the street of the same	with prince				V./// 	
Description of Con	trib uti on	:				<u></u>

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Commence of the second of the

A Caption Said

 $\mathcal{B}_{H_{\mathcal{A}}}(\mathcal{A}_{\mathcal{A}}) = \mathcal{A}_{\mathcal{A}}(\mathcal{A}_{\mathcal{A}}) \mathcal{B}_{\mathcal{A}}(\mathcal{A}_{\mathcal{A}})$

or the C

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

* Filer Identification Number:		

Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street	Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / P	rincipal	Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street A	ddress	Date [MM/DD/YYYY] \$
City	State Zip Code	Pate [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Pr Place of Business		Description of Contribution
Full Name of Contributor	1-0-1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Date [MM/DD/YYYY] \$
House # Street A	ddress	Date [MM/DD/YYYY]
City	State Zip.Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Pr Place of Business	incipal	Description of Contribution
Full Name of Contributor		Date:[MM/DD/YYYY] \$
House # Street A	ddress	Date [MM/DD/YYYY] \$
City	State Zip Code.	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Pr Place of Business	incipal	Description of Contribution

March 1867 - Little H. Comment of the State of the State

Statement of Expenditures

	•	
Filer Identification Number:		
15 - 17 - 17 17 開始中央 17 中語 開発性		

Section of the sectio					
To Whom Paid	Disantis Signs			Date [MM/DD/YYY	Y] \$ - \$623.28
House #				4/9/21 Description of Expe	
540	Street Address	West 18th St.			
City Erie	. o. roch Bee Direct	State Pa	Zip Code 16502	Political Signs	
To Whom Paid	Northwest Savings	Rank		Date [MM/DD/YYY	
		Bank		4/9/21	\$27.25
House # 3407	Street Address	Liberty St.		Description of Expe	nditure
City Erie	•	State Pa	Zip Code 16508	Campaign committee cl	hecks
To Whom Paid	Quinn Law Firm			Date [MM/DD/YYY	11 \$ \$1,016.40
	Quinn Law Firm			4/23/21	Each of the second of the seco
House # 2222	Street Address	West Grandview		Description of Expe	nditure
City Erie		State Pa	Zip Code 16506	Legal expenses	
To Whom Paid	Erie County Courth			Date [MM/DD/YYY	
	The County Courting	ouse		4/9/21	\$427.50
House # 140	Street Address	west 6th		Description of Expe	nditure
City Erie State Pa Zip 16501		Filing, Transcripts, petition fees			
To Whom Paid				Date [MM/DD/YYY	1 \$
House #	Street Address			Description of Exper	ndhure.
Cliv		State	Zip Code	Loss de Constitución de Consti	is <u>Discontinue de la companya de la</u>
To Whom Paid	. Siri	Programme A	N - control community	Date [MM/DD/YYY)	
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House #	Street Address			Description of Exper	nditure
City		State	Zip		
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To Whom Paid				Date [MM/DD/YYY)	1 \$
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House #	Street Address			Description of Exper	nditure
City	t i protest so interval	State	Zip		<u>ras gaji nas sa sa na hije, neo na filiko n</u>
on (4)			Code		

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SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Ident	ification Number:			
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Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
		HERE OF THE PROPERTY OF THE PR	
City (d) 11/2/2017		State Zip Code	
Description of Debt			
Name of Creditor	(2) [2] 2021년		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	S
		[MM/DD/YYYY]	
City	**************************************	State Zip Code	
Description of Debt		Procedure 2	[8 ^{12 1}]
Name of Creditor	- 2000年 - 1987年 - 1988年		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
		[MM/DD/YYYY]	
City		State Zip Code	- · · · · · · · · · · · · · · · · · · ·
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Name of Creditor.			Outstanding Balance of Debt
House #	Street Address	DATE DEBT-INCURRED [MM/DD/YYYY]	
City		State Zip Code	
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Name of Creditor			Outstanding Balance of Debt
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Name of Creditor		. 1911	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
		[MM/DD/YYYY]	
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Description of Debt			Particular Control of the Control of
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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

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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.

eporting Cycle	Name		1		<u> </u>	
☐ Cycle 1	Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5	
6 th Tuesday	2 nd Friday	30 Day	6 th Tuesday Pre-Election		2 nd Friday Pre-Election	
Pre-Primary	Pre-Primary	Post Primary				
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8			/cle 9	
Day Post-Election	Annual Report	2 nd Friday Pre-Special Election 30 Day P		ost-Special Election		
	, ,	ributing lobbyist, a under the law of th	•		_	
•		Finance Report is			•	
Jane Win			07/05/2021 Date (DD/MM/YYYY)			
Signature of Treasurer, Candidate, or Lobbyist			Date (DD/MM/YYYY)			
NANCY A	FEENEY		ERi	E PA	L ERIE	
J Pr	inted Name		Locat	ion (City/S	tate/Country	



Pennsylvania Department of State

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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

Date (DD/MM/YYYY)

5.7.21

AND VUICSON

Printed Name

Location (City/State/Country)