

Commonwealth of Pennsylvania - Campaign Finance Report

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

	Filer identification Number		oort Filed ark X)	Ву	Candid	ate	X	Committee	•		Lobbyist	
	Name of Filing Committee, Candidate or Lobbyist	Edwa	ard Wilson							,		_
	Street Address	914	Reed St.									
	City Erle	J			State	Pa		Zip Code	16503		· · · · · · · · · · · · · · · · · · ·	
	Type of Report (Place x under report type)											
Ą	1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Primary Primary		Tuesday Election		Friday Election		ay Post n	7- Annual	Special 2 ⁿ Pre-Election		Special 30 t Post-Electic	
	Date Of Election (MM/DD/YYYY) 5/18/21	Year		20	021	Amend Report			Termination	on		
•	Summary of Receipts and From Date Expenditures		To Date	:	`			Far	Office Use O	nly		
	4/9/21		[5/3/21		÷	. 17		·	•••	<u>-</u>	
	A. Amount Brought Forward From Last Report	`	ĺ	0		•				41 ()		
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$	\$1	,500.00						ESE THE	H.	
	C. Total Funds Available (Sum of Lines A and B)	. \$	\$	849,47						22	<u></u>	
· · · à †	D. Total Expenditures (From Schedule III) E. Ending Cash Balance	\$	\$2	,094.43								
	(Subtract Line D from Line C) FaValue of in-Kind Contributions Received	\$ 5	-\$1	,244.98						ATOM	્ર જ છે.	
	(From Schedule II) G. Unpaid Debts and Obligations	\$	\$	208.85						مسالم		
	(From Schadule IV)] "		0							_	
•	Part 1º If this is a Committee report, treasurer sign here	e, If th	is is a Cand		lavīt Sect port. can		n here.					
	I swear (or affirm) that this report, including the attach	ed sch	edules on p	aper, is	to the b	st of my	nowledge	and belief true	e, corract and	complete		
Í	Sworn to and subscribed before me this				Y		/ /	hil				İ
	day of20					Sig	nature of	Person Submitt	Ing report			
· sies §	To the state of th		\int		_		•	Printed Name			-	
#	My Commission expires MO. DAY YR.				Are	a Code	-	Daytir	ne Telephons	Number	_	
4	Bort II. If this is a repeat of a Carolidate Aug.				-> '				•		· 	
. [Part II- If this is a report of a Candidate's Authorized Co I swear (or affirm) that to the best of my knowledge and amended:	bellef	this politic	al comi	sign here nittes ha	not viola	ted any pi	ravisions of the	Act of June 3	, 1937 (P.)	1333, NO.320	O) as
4	Sworn to and subscribed before me this				Ę	2	el l	a.h.				
	3 day of May 20 21	•	1		_	Mu		ire of Candidate	•			
	Signature		,		<u>Edwa</u>	rd Wilson		nted Name	·			
	My Cammission expires		, 1		814			449-2617		·		
,	MO. DAY YR.				Area	Code		Daytime	Telephone N	umber		

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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	_ .	
Contributions Received from Political Committees (Part A)	\$	\$250.00
All Other Contributions (Part B)	\$	\$750.00
Total for the reporting period (2)	\$	\$1,000.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	\$500.00
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	\$500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	
otal 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	\$	

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Lance to the Monte of Section 1.

See Expressed 1. The

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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.

i liei ideligiication isumbei					
	····				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	\$250.00
Commi	ittee to elect John Lo	omis	4/12/21		\$250.00
House # Street Address			Date [MM/DD/YYYY]	\$	
2921	West 32nd				
City Erie	State Pa	Zip Code	Date [MM/DD/YYYY]	\$	
	Fa	10300			
Full Name of Contributing Committee	<u></u>		Date [MM/DD/YYYY]	\$	-
* *				l::	
House # Street Address	3		Date [MM/DD/YYYY]	\$	
				'	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing	· ·		Date [MM/DD/YYYY]	\$	
Committee				.	
House # Street Address			Date [MM/DD/YYYY]	\$	
STEEL AUGUS			trund and it it		
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing			Date [MM/DD/YYYY]	\$,
Committee					
House # Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
. • दक्किये हुन हो प्रम्पंत्रम					
Full Name of Contributing			Date [MM/DD/YYYY]	\$	
Committee				1.	ļ
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of portibuting				<u> </u>	
Full Name of Contributing			Date [MM/DD/YYYY]	\$	
Committee					,
House # Street Address			Date [MM/DD/YYYY]	\$	
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City and areas	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full bia					
<u>:</u>	1 1 1 1				

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Filer Identification Number:

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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.)

eur		···				
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
	Nancy Feeney	<i>!</i>		4/9/21		\$100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
7700		ymehurst Dr.		To depart and the latest and the lat	1	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie		Pa	16509	a Par La Titu da principale aperatura de la compa		
Full Name of Cont	ributor	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$	
	Kelly Malone					100.00
House#	Street Address			Date [MM/DD/YYYY]	\$	
	Pol. (1911) (1944) (1944) (1941) (1941)	East 8th				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie		Pa	16503	The state of the s		
Full Name of Cont	e i francisto de la compania		- Chining Co.	Date [MM/DD/YYYY]	\$	
79456 m. J	ားကူး Elizabeth Wils	on				\$250.00
House #	Street Address	• •		Date [MM/DD/YYYY]	\$	
2807		Charlotte		given to the 20 section for a first consisting		
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	S	
Erie		Pa	16508	TRA-GE ASER ASER+, months 連りAT 2 T (18-ga + gb + c4-ga)		
Full Name of Cont	T. A. Faring and	Date [MM/DD/YYYY]	\$	<u> </u>		
Pistificati	David Johns			The state is the state of the s		\$100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
5446	これ、大学に議院を持た。	A 89				
City	The Both Control of Control of	State	Zip Code	Date [MM/DD/YYYY]	S	
Northeast		Pa	16428		1000 to	
Full Name of Conti	1860 S. C. C.		····	Date [MM/DD/YYYY]	Ŝ	4000.00
	Margaret Pett	īt				\$200.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
2143	D	elphos				
City Erie	N	State Pa	Zip Code 16509	Date [MM/DD/YYYY]	\$	
Full Name of Contr	ikutar		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	<u>.</u> \$.	
				ADJUST OF THE PROPERTY OF THE		
House #	Street Address			Date [MM/DD/YYYY]	\$.	
City to a consequence of the city of the 	enancia instabili Ali pe	State	Zip Code	Date [MM/DD/YYYY]	\$	
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et a la tra		[m: 5] : :: 1	15:45 x 2 61 246.2万		Min.	

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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.

Filer Identification	ivumber:				
Full Name of Contributing Con	mmittee			Date [MM/DD/YYYY] \$	<u> </u>
House #	Street Address	\$		Date [MM/DD/YYYY] \$	
City	<u>Long de finasse a h</u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Cor	TORNER PRODUCTION OF THE PRODUCT			Date [MM/DD/YYYY] \$	
House #**	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Con	nmittee	Province Province	The second secon	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Con	nmittee	— International	Products of Material I.	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Con	Hart British	and the second s	Today my well wil	Pate [MM/DD/YYYY] \$	-
House #	Street Address			Date [MM/DD/YYYY] \$	
City Pull Weign		State	Zip Code	Date [MM/DD/YYYY] \$	

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PART D

186 Ballings 1880 18

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Marie Control of the
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 Contributor			Date [MM/DD/YYYY]	
Eric Barry				\$500.00
House # Street Address			Date [MM/DD/YYYY]	
333 Sta	ate St.			igi gr
City Erie	State Pa	Zip Code 16503	Date [MM/DD/YYYY]	
Employer Name	Para Significant		Occupation	6.
Employer Mailing Address / Principal Place of Business		· · · · · · · · · · · · · · · · · · ·	[Page Cygrand Carrier (1993)]	
Full Name of Contributor			Date [MM/DD/YYYY]	. '
en Ware				94] 18 18
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY)	
1				
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			S - No. to the planting NS (a)	
Full Name of Contributor			Date [MM/DD/YYYY]	
				X 31 31
House# Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address	·		Date [MM/DD/YYYY] \$	50 12 (i)
rouses				(b) (b) (c) (d)
City	State	Zip Code	Date [MM/DD/YYYY] \$	\$10 10 10 10 10 10
1				
Employer Name	. · · · · · · · · · · · · · · · · · · ·	to the state of th	Occupation	
Employer Mailing Address / Principal Place of Business			Tis mattern normal beast (2-4)	
Legist Westing Process				

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.

File Identification Num	IDEC			
«Eull Name	version of			
House #	Street Address	.,,		***************************************
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			25 p 25 c - c - f	<u> </u>
Full Name	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
House #	Street Address			
City	17.000 18.000 18.000 18.000 18.000 18.000 18.000	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Control of the contro	11 Avr. + 14: 02	action at the col	[2]
Full Name				
House #	Street Address			
City extra Ellance		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	等許多 (4) (4) (4) (4) (4) (4) (4) (4) (4)			, ,
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		i i i i i i i i i i i i i i i i i i i		
Full Name				
House # City	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		presidents (euros est 3	Let I

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SCHEDULE II

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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

DETAILE	D SUMM	ARY PAGE
Filer Identification Number:		
t top	"	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE	OF \$50.00 C	R LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO	\$250.00 (FF	SOM PART F)
TOTAL for the reporting period (2)	\$	\$208.85
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250,00	(FROM PAR	J G)
TOTAL for the reporting period (3)	\$	name research in concentration and experience of a vest to the contract of the
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING	G S	
PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also e on Page 1, Report Cover Page, Item F)	enter	\$208.85
on Page 1, Report Cover Page, Item F)		\$208.85
TOTAL for the reporting period		
A SOLE OF SAFETY TO STATE		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full Name of Contributor Full Name of Contributor City	Filer Identification	Number:				
House # 7700 Street Address Lymehurst Dr. Date [MM/DD/YYYY] \$	Full Name of Co.	And Language 1				
House # 7700 Street Address Date [MM/DD/YYYY] \$	Full Name of Col	3 July 10 July 18	W			2.05
City State Pa Zip Code Date [MM/DD/YYYY] S		spin, H. C. St.	····			
City State Pa Zip Code 16509 Date [MM/DD/YYYY] \$ Description of Contribution Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Description of Contribution Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY]			umahurst Dr		Date [MM/DD/YYYY] \$	
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House # Street Address Date [MM/DD/YYYY] \$ City	Description of Co	ontribution				
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Description of Contributor Full Name of Contributor Date MM/DD/YYYY S	e de la composition de	1305000 300 34 300 27500			では、 では、 では、 では、 では、 では、 では、 では、	
Description of Contribution Full Name of Contribution Street Address Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Contribution Full Name of Contributor Street Address Date [MM/DD/YYYY] \$. i:	State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Contributor Date [MM/DD/YYYY] \$	100 March 100 Ma				<u>新華の英華歌を発売けるできませる。 </u>	
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House # Street Address Date [MM/DD/YYYY] \$	Full Name of Con	tributor	#180	***	Date IMM/DD/YVYYI S	
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City State Zip Code Date [MM/DD/YYYY] \$		Justinuliess				
			Chaha	Zin Code		
- Angle			Jule		Pare IIVIIVI/PD/TMTM 7	
	Description of Co	ntribution			[Bekin]	

Control of the contro

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SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

on ETTY II	VALUE OVER \$250	
Filer Identification Number:		

Birman and a second of the second of			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	.1		Date [MM/DD/YYYY] \$
Light August 200		•	STATISTICS AND ACTION OF THE PARTY OF THE PA
			特色 深入
City	State	Zip Code	Date [MM/DD/YYYY] \$
Service Control of the Control of th			
Employer Name		Programme and the second	Occupation
Employer Mailing Address / Principal	north in		Description
Place of Business			of
Penal Karamatan dan Kerupatan Sengga			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	•		Date [MM/DD/YYYY]
			RESERVED TO THE RESERVED TO TH
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal			Description
Place of Business Employer Mannye Address / P			of a particular a
			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
69. 24 s / 24 fo d / 2 s / 26			
Employer Name			Occupation
Employer Mailing Address / Principal			Description
Place of Business			of and a second
10000000000000000000000000000000000000			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
			等。 等。 概要。 解解:
House # Street Address			Date [MM/DD/YYYY] \$
Street Address			
City	State	Zip Code	Date [MM/DD/YYYY] \$
			전경 1883년
Employer Name		等: 新原來的主要關	Occupation
이번 이 회원에 본 사람들이 있다는 것이 되었다. 그리네 출범했다	tal.		
Employer Mailing Address / Principal			Description
	April 16 a		E CARREST A PROTEST AND A CONTRACTOR OF
Place of Business			of Contribution

Kanada Andrews

monotopia propries and more and an experience of the Marine of Control of the Section

Statement of Expenditures

	=	
Filer Identification Number:	 	
to model as few of the fill the		

The state of the s						
To Whom Paid	d Disantis Signs			Date [MM/DD/YYYY]		
ar interesting to the second				4/9/21		
House # 540	Street Address West 18th St.			Description of Expenditure		
City Erie	of Specifically a physical and a property of the specific and the specific	State Pa	Zip Code 16502	Political Signs		
To Whom Paid	Northwest Savings B	rank		Date [MM/DD/YYYY] \$		
	i Northwest savings b	odik	4/9/21 \$27.25			
House # 3407	House # 3407 Street Address Liberty St.			Description of Expenditure		
City Erie		State Pa	Zip Code 16508	Campaign committee checks		
To Whom Paid	Quinn Law Firm			Date [MM/DD/YYYY] \$		
	Quilli Law Firm			4/23/21 \$1,016.40		
, House # 2222	Street Address V	Vest Grandview		Description of Expenditure		
City Erie		State Pa	Zip Code 16506	Legal expenses		
To Whom Paid	n din care	•		Date [MM/DD/YYYY] \$		
	Erre County Courtho	use		4/9/21 \$427.50		
House # 140	Street Address	vest 6th		Description of Expenditure		
City Erie State Pa Zip 16501				Filing, Transcripts, petition fees		
To Whom Paid			Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure		
City		State	Zip Code			
To Whom Paid	A de conservação para		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	Files, as in Distribution (1994)	State	Zip Code	geografication and a company of the		
To Whom Paid		Thomas At I	Date [MM/DD/YYYY] \$			
House #	Street Address		Description of Expenditure			
City	HIM TENNED TO THE TOTAL TO THE	State	Zip Code			
1,100		2149 × 11				

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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.

nber: 3			
A CONTRACTOR OF THE CONTRACTOR			
		-100	Outstanding Balance of Debt
Street Address	1	DATE DEBT INCURRED [MM/DD/YYYY]	\$
	State	Zip Code	
			1. ,
가게 된 본 가입기 집			Outstanding Balance of Debt
Street Address	i j	DATE DEBT INCURRED	
	1	[MM/DD/YYYY]	
	State	Zip Code	
		[रेस्ट र कार्य ५० अस्	Pagetta (
12 (1782) 10 (1782) 10 (1782)			Outstanding Balance of Debt
Street Address		DATE DEBT INCURRED	
	1		
	State	Zip- Code	
	to a di made a		[28546]
		7 1	Outstanding Balance of Debt
Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	5
	State	Zip Code	
2. 1944 2. 1945 3. 1945			
			Outstanding Balance of Debt
Street Address	100 100 100 100 100 100 100 100 100 100	DATE DEBT INCURRED [MM/DD/YYYY]	
	State	Zip Code	
지역 10대 			Outstanding Balance of Debt
Street Address	10 mm	DATE DEBT INCURRED	
	State	Zip Code	
25 (27) 17-18			
	Street Address Street Address Street Address	Street Address Street Address Street Address Street Address Street Address DATE DEBT INCURRED IMM/DD/YYYY] State Zip Code Street Address DATE DEBT INCURRED IMM/DD/YYYY] State Zip Code Street Address DATE DEBT INCURRED IMM/DD/YYYY] State Zip Code Street Address DATE DEBT INCURRED IMM/DD/YYYY] State Zip Code Street Address DATE DEBT INCURRED IMM/DD/YYYY] State Zip Code Street Address DATE DEBT INCURRED IMM/DD/YYYY] State Zip 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 7 PM 6: 04

ERIE COURTY Unsworn Declaration in Lieu of Sworm 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

eporting Cycle	Name				
☐ Cycle 1 6 th Tuesday Pre-Primary	X Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 Juesday Election	☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 O Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special Election		☐ Cycle 9 30 Day Post-Special Election	

is submitted with a report by a contributing lobbyist, the lobbyist 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.

Edul Witn	5.7.21		
Signature of Treasurer Candidate, or Lobbyist	Date (DD/MM/YYYY)		
EDWANS LUCSON	EXIE, PA USA		
Printed Name	Location (City/State/Country)		