



### Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	i	Report Filed-E	V Candida	te	Committee		Labbylst
Name of Filing Committee, Can Cobbylst	ne of Filing Committee, Candidate or COMMITTEE TO ELECT JIM WINAI			<b>З</b>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Street Address 1140 E 31ST STREET							
CILV			State	PA	Zin.Code	16504	
Type of Report (Place x under re	port type)						
I-BUTQesday 1/2/mar/may) Presprimary 2/7/e-Primary	9.19.1.22.9	4 G <sup>ir</sup> Tuesday Pre-Election	5-2" Friday Pre-Election	6-30 Day Post Election	7- Annual	Special 2" Frida Pre-Election 6	
				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
Date Of Election (MM/OD/YYYY)	11-18-2021	Year	2021	Amendment Report		Termination Report	
Summary of Receipts and Expenditures	From Date	To Date			For (	Office Use Only	
	1/1/2021	F 1	/03/2021	79 mg			
A. Amount Brought Forward fr			\$338.12				
B. Total Monetary Contribution (From Schedule)	s and Receipts	\$	3523.00				
C. Total FunderAvaillable (Sum of Lines Arand B)		7% <u>1</u>	8861.12				OTERNE RREAL
O Total Expenditures		\$ 1	1, <b>97</b> 5.69				
E. Ending Cash Balance & (Subtract Line OfficersLine C)			6885.49				
E:Value of Mikind Contribution (From Schedule II) \(\text{S}\)		\$				. ) 	
G. Unpaid Debts and Obligation (From Schedule IV)	15	\$					of Bermany 1995 Lett Commonwealth
The state of the s	AND THE PROPERTY OF THE PARTY OF THE	79-00	Affidavlt Se				
Part 1- If this is a Committee report I swear (or affirm) that this report, i	, treasurer sign he ncluding the attac	ere. If this is a <b>Cor</b> ched schedules or	ndidate report, ca n paper, is to the	ndidate sign here. best of my knowled	ige and belief tri	ue, correct and com	plete.
Sworn to and subscribed before me	this	,		and the same of th	SIC		
day of	20	- ']		- Signature	of Parson Submi	atthe	
Signature		- F		Jim L	Printed Name	KS/C/	<del></del>
_		. (	4	814	81	26-722	12
My Commission expires MO.	DAY YR.	***	Ā	rea Code	. Day	time Telephone Nun	nber
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							
I swear (or affirm) that to the best of amended.	f my knowledge a	and belief this pol	Itical committee	has not violated an	y provisions of tl	he Act of June 3, 193	37 (P.L. 1333, NO.320) as
Sworn to and subscribed before me	<b>C</b> his		(		.111	A	
day of	20	- 1		Sigr	nature of Candid	MANUA BLII	<u> </u>
Signature	<del></del>	- <b>j</b> `		HAD L	Printed Name	(K)K/	
My Commission expires		, ,	•	814	80	06-722	-8
MO.	DAY YR.	_		rea Code	Dayti	me Telephone Num	ber

#### SCHEDULE I

### **Contributions and Receipts**

**Detailed Summary Page** 

Filer idehtification Number		
****Puniternized Contributions and Receipts=\$50:00:or Less per Contributor		
Total for the reporting period (1)	\$	3673.00
- 22. Contributions of \$50:01 to ≤\$250.00 (From Part A and Part B):		
Contributions Received from Political Committees (Part A)	\$	475.00
All Other Contributions (Part B)	\$	2575.00
Total for the reporting period (2)	\$	
3.:Contributions Over \$250,00 (From Part C and Part D)	教授	
Contributions Received from Political Committees (Part C)	\$	300.00
All Other Contributions (Part D)	\$	1500.00
Total for the reporting period (3)	\$	
4. Other Receipts Refunds Interest Earned Returned Checks; ETG (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 8)	\$	e523.00

#### 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.

				gar.	Amount
Full Name of Contributing	S OF PAT HARMAIC		Date [MM/DD/YYYY]	S	100.00
	OS OF PAT HARKINS		04/19/2021		
House# Street Address 2665	SCHLEY ST	. —	Date [MM/DD/YYYY]	75	
		Palitica Artino	or the state of th		
ERIE	State PA	21p Code 16508	::Date [MM/DD/YYYY]	15 . 15 .	1
Full Name of Contributing	1950 (NA <sup>PO</sup> )	1999 19 - 12 - 1998 - 1998	Date [MM/DD/YYYY]	<b>:5</b> 3	
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House # Street Address	<u>[4]</u>		Date MM/OD/YYY)	Š	
3830	PARADE BLVD			rii Gra	
<b>City</b> ERIE	State	Zip Code	Dățe [MM/DD/YYYY]	\$	
	<b>W</b>	图5年至666年7月45日	Date [MM/DD/YYY/]	>> -5:	1
Full Name of Contributing FRIEND	OS OF JULIE SLOMSKI		04/16/2021	(**) (*)	250. <b>00</b>
House # Street Address			<u> </u>	\$	-
Hobse # Street Address	MILL STREET		William Control of the Control of th		
CIN ERIE	State PA	Zip Gode 16509	Date [MM/DD/YYYY]	<b>15</b>	
Full Name of Contributing	1.0K - 7.1K h	The Market Spirit	Date [MM/DD/YYYY]	<u>.</u>	
Full Name of Contributing  Committee				Ž.	
House # Street Address	7		Date [MM/DD/YYYY]	18	3
(City	State	Zip Code	Date [MM/DD/YYYY]	Ş	
				-450 -450 -450	
Full Name of Contributing Committee	_ <del></del>		Date [MM/OD/YYYY]	Ş	
	<del></del>	w	Dista France Professioner	(T)	
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				\$	
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Civ I	State	Zip Code	<sub>1</sub>	<b>S</b>	Ę

## 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.

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Full Name ay Contillator	<u>-</u>		30448 (MNVI/DD//AXA/A) 04/14/2021	200.00
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Giy ERIE	S(it)e	<b>₹1810001-</b> 8 16508	A PARELIMINA DO PARAMANES	

#### 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.

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editiemenica informati	PETER BURTON		\$05te;[MIN]/QD/38/A]} 04/19/2021	100.00
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	GREGORY & SANORA KRIVONAK		04/15/21	100.00
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Tall Name of contribution	MARK & LAURIE MILLER	Serve 45. Ultrassuccent Level Serve	40318[[MM//Dev.XXX]]. 04/11/2021	\$4 100,00
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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.

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3830	AS LANGUASS PARADE STREET		TOTE IN MY DO YMAYALA	
ERIE	PA	16504	EGERTE [MINICIPATION]	
Full Name ((Centribate)	JEFFREY & CATHIE WEISER		04/19/2021	125.00
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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.

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दिवी। विद्यात प्रचलका (स्वीकारी)	SHARON & BERNARD SLOMS	KI	#Date [[NJX]/DD/AX/A]]; 04/16/2021	250.00
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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.

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[គ្គវ][[សុទ្ធាត្រក់ខ្មាល់ក្រៅបាន : Romin[Buthin Regulations :: TIM SENNETT , LPAC ERIE	4/15/2021 300.00
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ichy);	Abutalwayaraka ea

## 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)

		<u> </u>	
Full Name of Contributor			Date [MM/OD/YYYY] . \$
ASHLEY EL	.IASON		04/25/2021
House # Street Addres	s		Date [MM/DD/YYYY] \$
8596	STATION ROAD		
City	State PA	Zip Code. 16910	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address /	<u>. </u>		· ·
Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
ROGER W	RICHARDS		04/28/2021
House # Street Addres	5		Date [MM/DD/YYYY] \$
1928	SOUTH SHORE		
City	State PA	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address /			
Principal Place of Business			
Full Name of Contributor	وماوي کا استان استان استان		Date [MM/OD/YYYY] \$
Put Name of Contributor			
House # Street Addres	5	· · · · · · · · · · · · · · · · · · ·	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 Addres	-1		Date [MM/DD/YYYY] \$
Juest Addres	•		Data family 2011 11.1
City	State	Zip Code	Date [MM/DD/YYYY] \$
		** ** ** **	<u> </u>
Employer Name		-	Occupation
Employer Walling Address /			
Principal Place of Business	1		·

Filer Identification Number:

#### **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.

Use this Part to repor	t refunds received, i	nterest earned, r	eturned checks and	prior expenditures that were returne	u to the mer.
Halen (Centilization Municipal)					
(Reflection)					
House	Harry Artaly 4-5				
(alty)		Suitey,	ZIP Goden	VOITE (XIXXIDOZAVAZEVA	
Receipte Description					
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	<u> </u>				<u></u>

#### **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

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TOTAL for the reporting period (1)	\$
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TOTAL for the reporting period (2)	S
En Ukikus aalkiininminentistativas vanne omain krimonistes	V)(PA(GCE)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

## SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

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## SCHEDULE II Part G

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

VALUE OVER \$250

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Employer (-time	(@copeatro)
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## Statement of Expenditures

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## Statement of Unpaid Debts

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

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#### Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Bullding, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • re-stcampaignfinance@pa.gov

2021 MAY -7 AM 10: 13

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

Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campalgn Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See <u>Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements</u>). Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports and only so long as the waiver referenced above is in effect. This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Name of Filing Comn	nittee, Candidate, or	Lobbyist	
Reporting Cycle Nam	e		
☐ Cycle 1	🛛 Cycle 2	□ Cycle 3	☐ Cycle 9
6 <sup>th</sup> Tuesday Pre-Primary	2 <sup>nd</sup> Friday Pre-Primary	30 Day Post Primary	30-Day Post Special Election

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Treasurer, Candidate, or Lobbyist Date

Printed Name

DSEB-502R 4/15/2020



#### 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@oa.gov

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VOTER REGISTRATION

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

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Candidate

Date

**Printed Name** 

DSEB-S02R 4/15/2020