



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)	Candidate <input type="checkbox"/>	Committee <input checked="" type="checkbox"/>	Lobbyist <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist COMMITTEE TO ELECT JIM WINARSKI					
Street Address 1140 E 31ST STREET					
City ERIE	State PA	Zip Code 16504			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11-18-2021	Year 2021	Amendment Report <input type="checkbox"/>	Termination Report <input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only 2021 MAY - 7 AM 10:14 ERIE COUNTY VOTER REGISTRATION
	1/1/2021	05/03/2021	
A. Amount Brought Forward From Last Report	\$	\$938.12	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	8523.00	
C. Total Funds Available (Sum of Lines A and B)	\$	8861.12	
D. Total Expenditures (From Schedule II)	\$	1,975.69	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	6885.43	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

Affidavit Section

Part I- 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

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.

Signature of Person Submitting report
 JIM WINARSKI
 Printed Name
 814 806-7228
 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

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.

Signature of Candidate
 JIM WINARSKI
 Printed Name
 814 806-7228
 Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

File Identification Number			
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period (1)			\$ 3673.00
2. 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)			
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, 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)			\$ 8523.00

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 Number												
											Amount	
Full Name of Contributing Committee		FRIENDS OF PAT HARKINS					Date [MM/DD/YYYY]		\$	100.00		
		04/19/2021							\$			
House #	2665	Street Address		SCHLEY ST			Date [MM/DD/YYYY]		\$			
									\$			
City	ERIE	State	PA	Zip Code	16508		Date [MM/DD/YYYY]		\$			
								\$				
Full Name of Contributing Committee		COMMITTEE TO ELECT CARL ANDERSON					Date [MM/DD/YYYY]		\$	125.00		
		04/12/2021							\$			
House #	3830	Street Address		PARADE BLVD			Date [MM/DD/YYYY]		\$			
									\$			
City	ERIE	State	PA	Zip Code	16504		Date [MM/DD/YYYY]		\$			
								\$				
Full Name of Contributing Committee		FRIENDS OF JULIE SLOMSKI					Date [MM/DD/YYYY]		\$	250.00		
		04/16/2021							\$			
House #	5510	Street Address		MILL STREET			Date [MM/DD/YYYY]		\$			
									\$			
City	ERIE	State	PA	Zip Code	16509		Date [MM/DD/YYYY]		\$			
								\$				
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$			
									\$			
House #		Street Address					Date [MM/DD/YYYY]		\$			
									\$			
City		State		Zip Code			Date [MM/DD/YYYY]		\$			
								\$				
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$			
									\$			
House #		Street Address					Date [MM/DD/YYYY]		\$			
									\$			
City		State		Zip Code			Date [MM/DD/YYYY]		\$			
								\$				

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.)

Full Identification Number									
Full Name of Contributor		CHRISTOPHER SUTTON				Date (MM/DD/YYYY)		75.00	
		05/02/2021							
House #	2438	Street Address		CHATAM DR		Date (MM/DD/YYYY)			
City	ERIE	State	PA	Zip Code	16510	Date (MM/DD/YYYY)			
Full Name of Contributor		SCOTT BARNES				Date (MM/DD/YYYY)		100.00	
		05/02/2021							
House #	4238	Street Address		ALISON AVE		Date (MM/DD/YYYY)			
City	ERIE	State	PA	Zip Code	16508	Date (MM/DD/YYYY)			
Full Name of Contributor		RANDY & JANET NOWAK				Date (MM/DD/YYYY)		100.00	
		04/10/2021							
House #	1210	Street Address		BEAVER DRIVE		Date (MM/DD/YYYY)			
City	ERIE	State	PA	Zip Code	16509	Date (MM/DD/YYYY)			
Full Name of Contributor		HERMAN NOWAK				Date (MM/DD/YYYY)		100.00	
		04/10/2021							
House #	1210	Street Address		BEAVER DRIVE		Date (MM/DD/YYYY)			
City	ERIE	State	PA	Zip Code	16509	Date (MM/DD/YYYY)			
Full Name of Contributor		CHRISTINE TRAPP				Date (MM/DD/YYYY)		100.00	
		04/26/2021							
House #	3221	Street Address		ATLANTIC AVE		Date (MM/DD/YYYY)			
City	ERIE	State	PA	Zip Code	16506	Date (MM/DD/YYYY)			
Full Name of Contributor		JAMES & KATHLEEN WANDLESS				Date (MM/DD/YYYY)		100.00	
		04/14/2021							
House #	1424	Street Address		W 30TH ST		Date (MM/DD/YYYY)			
City	ERIE	State	PA	Zip Code	16508	Date (MM/DD/YYYY)			

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.)

Full Name of Contributor										Date (MM/DD/YYYY)		Amount	
PETER BURTON										04/19/2021		100.00	
House #		Street Address		City		State		Zip Code		Date (MM/DD/YYYY)		Amount	
400		BUTTERNUT LANE		GIRARD		PA		16417					
Full Name of Contributor										Date (MM/DD/YYYY)		Amount	
PAUL CONSIDINE										04/11/2021		100.00	
House #		Street Address		City		State		Zip Code		Date (MM/DD/YYYY)		Amount	
1333		TOP ROAD		ERIE		PA		16505					
Full Name of Contributor										Date (MM/DD/YYYY)		Amount	
GREGORY & SANDRA KRIVONAK										04/15/21		100.00	
House #		Street Address		City		State		Zip Code		Date (MM/DD/YYYY)		Amount	
5053		OAKRIDGE CT		ERIE		PA		16509					
Full Name of Contributor										Date (MM/DD/YYYY)		Amount	
PAUL & SUZANNE LICHTENWALTER										04/08/2021		100.00	
House #		Street Address		City		State		Zip Code		Date (MM/DD/YYYY)		Amount	
4508		WOOD STREET		ERIE		PA		16509					
Full Name of Contributor										Date (MM/DD/YYYY)		Amount	
NICHOLAS & KATHLEEN MICHAELSON										04/19/2021		100.00	
House #		Street Address		City		State		Zip Code		Date (MM/DD/YYYY)		Amount	
1331		WEST 36TH STREET		ERIE		PA		16508					
Full Name of Contributor										Date (MM/DD/YYYY)		Amount	
MARK & LAURIE MILLER										04/11/2021		100.00	
House #		Street Address		City		State		Zip Code		Date (MM/DD/YYYY)		Amount	
4017		TRASK AVE.		ERIE		PA		16508					

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.)

Full Name of Contributor Address City State Zip Code	
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Full Name of Contributor Address City State Zip Code	CARL ANDERSON 3830 PARADE STREET ERIE PA 16504 04/12/2021 125.00
Full Name of Contributor Address City State Zip Code	JEFFREY & CATHIE WEISER 2704 GREENGARDEN BLVD ERIE PA 16508 04/19/2021 125.00
Full Name of Contributor Address City State Zip Code	JAMES COCUZZI 221 CONNECTICUT DR ERIE PA 16505 04/13/2021 150.00
Full Name of Contributor Address City State Zip Code	BETH DUBIK 333 CONNECTICUT DR ERIE PA 16505 04/12/2021 150.00
Full Name of Contributor Address City State Zip Code	NANCY ORLANDO 4216 TRASK AVE ERIE PA 16508 04/23/2021 150.00
Full Name of Contributor Address City State Zip Code	DAVID HEUBEL 1050 W 8TH ST ERIE PA 16502 05/01/2021 200.00

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.)

Check Contribution Number	
---------------------------	--

Full Name of Contributor					Date (MM/DD/YYYY)	
GREG CROPP					04/13/2021	250.00
House #	209	Street Address		EDGEWATER CIRCLE	Date (MM/DD/YYYY)	
City	ERIE	State	PA	Zip Code	16509	Date (MM/DD/YYYY)
Full Name of Contributor					Date (MM/DD/YYYY)	
SHARON & BERNARD SLOMSKI					04/16/2021	250.00
House #	3227	Street Address		REGIS DR	Date (MM/DD/YYYY)	
City	ERIE	State	PA	Zip Code	16510	Date (MM/DD/YYYY)
Full Name of Contributor					Date (MM/DD/YYYY)	
House #		Street Address			Date (MM/DD/YYYY)	
City		State		Zip Code		Date (MM/DD/YYYY)
Full Name of Contributor					Date (MM/DD/YYYY)	
House #		Street Address			Date (MM/DD/YYYY)	
City		State		Zip Code		Date (MM/DD/YYYY)
Full Name of Contributor					Date (MM/DD/YYYY)	
House #		Street Address			Date (MM/DD/YYYY)	
City		State		Zip Code		Date (MM/DD/YYYY)
Full Name of Contributor					Date (MM/DD/YYYY)	
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

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

Filer ID Number:

Full Name of Contributing Committee	TIM SENNETT, LPAC ERIE	Date (MM/DD/YYYY)	4/15/2021	300.00
House #	120	Street Address	W 10TH ST 16501	
City	ERIE	State	PA	Zip Code
				16501
Full Name of Contributing Committee		Date (MM/DD/YYYY)		
House #		Street Address		
City		State		Zip Code
Full Name of Contributing Committee		Date (MM/DD/YYYY)		
House #		Street Address		
City		State		Zip Code
Full Name of Contributing Committee		Date (MM/DD/YYYY)		
House #		Street Address		
City		State		Zip Code
Full Name of Contributing Committee		Date (MM/DD/YYYY)		
House #		Street Address		
City		State		Zip Code
Full Name of Contributing Committee		Date (MM/DD/YYYY)		
House #		Street Address		
City		State		Zip Code

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)

File Identification Number:	
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Full Name of Contributor		ASHLEY ELIASON				Date (MM/DD/YYYY)	\$	500.00
						04/25/2021		
House #	8596	Street Address	STATION ROAD			Date (MM/DD/YYYY)	\$	
City	ERIE	State	PA	Zip Code	16510	Date (MM/DD/YYYY)	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		ROGER W RICHARDS				Date (MM/DD/YYYY)	\$	1000.00
						04/28/2021		
House #	1928	Street Address	SOUTH SHORE			Date (MM/DD/YYYY)	\$	
City	ERIE	State	PA	Zip Code	16505	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)	\$	
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)	\$	
City		State		Zip Code		Date (MM/DD/YYYY)	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

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 Number	
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Full Name				
House #	Street Address			
City	State	Zip Code	Date (MM/DD/YYYY) S	
Receipt Description				
Full Name				
House #	Street Address			
City	State	Zip Code	Date (MM/DD/YYYY) S	
Receipt Description				
Full Name				
House #	Street Address			
City	State	Zip Code	Date (MM/DD/YYYY) S	
Receipt Description				
Full Name				
House #	Street Address			
City	State	Zip Code	Date (MM/DD/YYYY) S	
Receipt Description				
Full Name				
House #	Street Address			
City	State	Zip Code	Date (MM/DD/YYYY) S	
Receipt Description				
Full Name				
House #	Street Address			
City	State	Zip Code	Date (MM/DD/YYYY) S	
Receipt Description				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Enter the amount for the reporting period	
---	--

UNLIMITED IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50,000 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50,001 TO \$250,000 (FROM PART II)		
TOTAL for the reporting period	(2)	\$

IN-KIND CONTRIBUTION RECEIVED: VALUE OVER \$250,000 (FROM PART III)		
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

Full Name of Contributor	
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Full Name of Contributor		Date (MM/DD/YYYY)		
House #	Street Address	Date (MM/DD/YYYY)		
City	State	Zip Code		
Description of contribution				
Full Name of Contributor		Date (MM/DD/YYYY)		
House #	Street Address	Date (MM/DD/YYYY)		
City	State	Zip Code		
Description of contribution				
Full Name of Contributor		Date (MM/DD/YYYY)		
House #	Street Address	Date (MM/DD/YYYY)		
City	State	Zip Code		
Description of contribution				
Full Name of Contributor		Date (MM/DD/YYYY)		
House #	Street Address	Date (MM/DD/YYYY)		
City	State	Zip Code		
Description of contribution				
Full Name of Contributor		Date (MM/DD/YYYY)		
House #	Street Address	Date (MM/DD/YYYY)		
City	State	Zip Code		
Description of contribution				

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Full Name of Contributor	
--------------------------	--

Full Name of Contributor				Date (MM/DD/YYYY)	
House #	Street Address			Date (MM/DD/YYYY)	
City	State	Zip Code			
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		
Full Name of Contributor				Date (MM/DD/YYYY)	
House #	Street Address			Date (MM/DD/YYYY)	
City	State	Zip Code			
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		
Full Name of Contributor				Date (MM/DD/YYYY)	
House #	Street Address			Date (MM/DD/YYYY)	
City	State	Zip Code			
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		
Full Name of Contributor				Date (MM/DD/YYYY)	
House #	Street Address			Date (MM/DD/YYYY)	
City	State	Zip Code			
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		

**SCHEDULE III
Statement of Expenditures**

Precinct Identification Number _____

To Whom Paid POLISH FALCONS NEST #610	Date (MM/DD/YYYY) 4/19/2021	\$ 481.45
House # _____	Street Address 431 EAST 3RD STREET	Description of Expenditure _____
City ERIE	State PA	Zip Code 16507
To Whom Paid MARQUETTE BANK	Date (MM/DD/YYYY) _____	\$ 15.00
House # _____	Street Address LIBERTY ST	Description of Expenditure _____
City ERIE	State PA	Zip Code 16507
To Whom Paid DESANTIS SIGNS	Date (MM/DD/YYYY) 04/20/2021	\$ 757.77
House # _____	Street Address _____	Description of Expenditure _____
City ERIE	State PA	Zip Code _____
To Whom Paid SUNFLOWER CLUB	Date (MM/DD/YYYY) 5/2/21	\$ 721.47
House # _____	Street Address _____	Description of Expenditure _____
City _____	State _____	Zip Code _____
To Whom Paid _____	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 _____	State _____	Zip Code _____
To Whom Paid _____	Date (MM/DD/YYYY) _____	\$ _____
House # _____	Street Address _____	Description of Expenditure _____
City _____	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.

FILE NUMBER	
--------------------	--

Name of creditor					Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
CITY	State	ZIP Code				
Description of debt						
Name of creditor					Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
CITY	State	ZIP Code				
Description of debt						
Name of creditor					Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
CITY	State	ZIP Code				
Description of debt						
Name of creditor					Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
CITY	State	ZIP Code				
Description of debt						
Name of creditor					Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
CITY	State	ZIP Code				
Description of debt						



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 AM 10:13

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

VOTER REGISTRATION

Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign 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 Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements). 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 Committee, Candidate, or Lobbyist			
Reporting Cycle Name			
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input checked="" type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> 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.

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.

Theresa Humes

Signature of Treasurer, Candidate, or Lobbyist

5-5-21

Date

Theresa Humes

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@pa.gov

2021 MAY -7 AM 10:14

ERIE COUNTY
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.

Jim Winarski
Signature of Candidate

5-6-2021
Date

TIM WINARSKI
Printed Name

D5EB-502R
4/15/2020