Commonwealth of Pennsylvania - Campaign Finance Report
(Note: This report must be clear and legible. It should be typed)

Filer Identification 02-3110783	Report Filed By Candid	ata	Committee	Lobbyist
Number 53° J/M/10	Mark X)		X	LODDYISL
Name of Filing Committee, Candidate or Lobbyist	The Care	ittee to	Flack Vince	~1, _
Street Address	doc	. ^	Elect Kim	Vitar
City	485 5 A	sbury Ro	Para Art Contract Compa	
Ele	State	64	Zip Code (6506	
Type of Report (Place x under report type)				
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post 4-	Company of the second of the s	2. 是这个是有效的是不是可能的。	7- Annual Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Primary Pr	e- Election Pre- Election	Election	Pre-Election	Post-Election
Date Of Election	ear	Amendment	Termination	
(MM/DD/YYYY) 5/18/2(2001	Report	Report	
Summary of Receipts and From Date Expenditures	To Date		For Office Use Only	
5/18/a1	6/18/21			
A. Amount Brought Forward From Last Report	S	्यतः इच्यान्तः स्थानस्य स्थानस्य स्थानस्य हिन्द्रात्ते	क्ष प्रकार कर के प्रकार के किया है। इस प्रकार के प्रकार के प्रकार के प्रकार के किया के प्रकार के किया के प्रकार प्रकार के प्रकार के	ewel compared the officers in the process.
B. Total Monetary Contributions and Receipts	10,854,43	İ		
(From Schedule I)	2325]		
C: Total Funds Available (Sum of Lines A and B)	\$ 13,179.43		Ω <u>ν.</u> Σ. 18	
D. Total Expenditures	()	1	6 - 16 14 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	entry County
(From Schedule III) E. Ending Cash Balance	\$ 65 95.77		[X]	Section Section Action Sectio
(Subtract Line D from Line C)	6583.66		TY S	50
F. Value of In-Kind Contributions Received	5			e kandi Kanding — engal Alam
(From Schedule II) G. Unpaid Debts and Obligations	\$ 0			
(From Schedule IV)				<u> </u>
Part 1- If this is a Committee report, treasurer sign here.	Affidavit Se			<u> </u>
I swear (or affirm) that this report, including the attache	d schedules on paper, is to the	best of my knowledge	e and belief true, correct and comple	te.
Sworn to and subscribed before me this		~~	0 00	
day of20	'] -	Ollan	Karon	
	<u> </u> -	Signature of	Person Submitting report	
Signature			Printed Name	
My Commission expires	*	317	882-4951	
MO. DAY YR.		Area Code	Daytime Telephone Number	er
Part II- If this is a report of a Candidate's Authorized Cor	mmittee, candidate shall sign h	ere.		
amended.	peliet this political committee	nas not violated any p	provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this		. /		
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Signature	. –	/ Kim	Berly Clear	İ
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My Commission expires MO. DAY YR.		XI 7 Irea Code	Daytime Telephone Number	_
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Part II- If this is a report of a Candidate's Authorized Cor I swear (or affirm) that to the best of my knowledge and amended. Sworn to and subscribed before me this	nmittee, candidate shall sign h belief this political committee	has not violated any p	Daytime Telephone Number or visions of the Act of June 3, 1937 (P.L. 1333, NO.320) as

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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

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 Reporting Cycli		didate; or Lobby			
□ Cycle 1 6 th Tuesday Pre-Primary	□ Cycle 2 2 nd Friday Pre-Primary	20 Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election	-	cle 9 st-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.

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

Printed Name

Date (DD/MM/YYYY)

Location (City/State/Country)

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Pennsylvania Department of State

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www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

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 (reasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

Printed Name

Location (City/State/Country)

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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	and the second of the second o	
	83-3710783	
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1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	50,00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	i kini Yini	
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	275
Total for the reporting period (2)	\$	275
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	2000
Total for the reporting period (3)	\$	2000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
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)	\$	2325

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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	on Number 8 5	3-37	10783		
				Annual Company of the	Amount
Full Name of C Committee	ontributing			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] S	
City		State			
Yan e		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Committee	ontributing			Date [MM/DD/YYYY] \$	
House #	Street Address		,	Date [MM/DD/YYYY] \$	
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Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address	-		Date [MM/DD/YYYY] .\$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

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PART B

All Other Contributions

\$50.01 TO \$250

Ill stacked 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.)

Filer Identification Number: 83-3710783

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Full Name of Contributor			Date [MM/DD/YYYY]	\$
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Full Name	House #	Street	City		ZiD	date		Amount Occupation	Employer
John Loomis		W. 32nd St	Erie	ЬĄ		5/19/21	7	100 Sheriff	Erie County
Dennis Dolan	1470	1470 Taylor Ridge Ct	Erie	Z	16505	5/19/21		Business Owner	Lake Erie System
Julie Slomski	5510	5510 Mill St	Erie	РА	16506	5/22/21	Total Carlo In Carlo	100 Special Projects	Logistics Plus
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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 Number:		
	83-3710183	
Full Name of	<u> Partition de la companya del companya de la companya del companya de la companya del la companya de la compan</u>	Date [MM/DD/XYYY] \$
Contributing Committee		100 100 100 100 100 100 100 100 100 100
House # Street Addre	ess	Date [MM/DD/YYYY] \$
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City	State Zip Code	Date [MM/DD/YYYY] 3
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Full Name of Contributing Committee		Date [MM/DD/YYYY] \$
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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)

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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 Employer Mailing Address /	(公司) 中央公司	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Occupation
Principal Place of Business			
Full Name of Contributor			Date [MIM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] 5
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
The Control of the Co	·		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		And the second s	Pate [MM/DD/YYYY] S
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			TOTAL DESCRIPTION OF THE POST

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Millcreek Township Supervisor	iip Supervisor				A		HII MIN to conduct and to consume a particular state of the state of t		And the second of the second o	
SCHEDULE I Part D - Contributions and Receipts over \$250	D - Contributio	ons and Receip	ts over \$250	MAN ANGLANDE I LANG MANAGEMENT OF THE STREET	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	annel Addigment i magani i magani i magani i mengani anda da anda magani anda da anda magani anda da anda da a			Market & Market Market Community or Spring Principles	
<u>Full Name</u>	House #	Street	City	State	迦	date	Amount	Occupation	Employer	Employer Address
Sheila Brugger	592	5925 Thomas Rd	Fairview	РА				Retired	Retired	Andreas and a second of the se
Patricia Sitter	595	5950 Grubb Rd Erie	Erie	PA	16506	5 5/24/21		Retired	Retired	Transactivités a mara d'América d'Archaelan de America — antonomo de America
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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:

Filer identification Num	83-31	11078	3	
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	Date [MM/DD/YYYY] \$
Receipt Description		TOTAL Manufacture (Manufacture	Surging grant conveys table	1235-881
Full Name			A CARLO CONTRACTOR OF THE CONT	(9-15) (19-16) da anti-array (19-16) (19-16) (19-16) (19-16) (19-16) (19-16) (19-16) (19-16) (19-16) (19-16)
House #	Street Address			All the second s
City	For demonstrating the control of the	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		I desperaturas descripti	Errora rest restrictionals (1200
Full Name				
House #	Street Address			
City	The plants of the control of the con	State 4	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City and the second		State #	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			[200] 3-0-5-0-5-0-1	isona i
Full Name	N. S.	The second secon	<u>, in the second of the second</u>	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				188
Full Name		ting over the end of the A. Williams		and the second second second second second second second second second second second second second second second
House #	Street Address	····		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	(5.15) (1.15)	en, y generally de engage de flysse generally	L=0.00000000000000000000000000000000000	[Notive]

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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

Filer Identification Number: 83 *	3710783	<u> </u>			
1 UNITEMIZED IN KIND CONTR	IBUTIONS RECEIVED VA	UE OF \$50:00 OR	NESS PER CONTRIBUT	9R	
TOTAL for the reporting period	(1)	\$	0		
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.0	1 TO \$250.00 (FRO	M PART F)		
TOTAL for the reporting period	(2)	\$	0		
3. IN-KIND CONTRIBUTION REC	EIVED=VALUE OVER \$250).00 (FROM PART	G) as a second second second		
TOTAL for the reporting period	(3)	\$	0		
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)			0		

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1			
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SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

		and the contract of the contra
2. September 2. Se		
Filer Identification Number:		
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Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
		[89=N:27286]	Every marriages		
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contril	oution		Constitution of Secretary and Constitution of Secretary		1000001
Full Name of Contribu	itor	garan ya masanin a dan aray ya katalog na madifi (j. 98	tion of the Company of the second second second second second second second second second second second second	Date [MM/DD/YYYY]	S
A the court of the Care of the					
House #	Street Address			Date [MM/DD/YYYY]	*
City	(2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	State	Zip Code	Date [MM/DD/YYYY]	\$
	Anna and an anna an anna an an an an an an an an			THE PARTY OF THE P	<u> </u>
Description of Contrib		w ingreson of a control			
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
112.7.2.2.1		****			
House #	Street Address			Date [MM/DD/YYYY]	\$
City	ages county determined according explained	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution				
Full Name of Contribu	itor	e in the policy of the second		Date [MM/DD/YYYY]	
	rest (s.				
House #	Street Address			Date [MM/DD/YYYY]	.\$
City	ियुक्त विशेषाच्या च च विकास विद्युक्त हुन्युक्त विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास वि	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Full Name of Contribu	IOI		<u>anna managa kang lawa basan kang</u>	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	Š
	one of the control of				
Description of Contrib	oution				

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SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
	\/ / <u>/</u>		
The state of the s			

	March 181 for the experience of the first Committee of the committee of th	
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		Description
Place of Business		of Contribution
Full Name of Contributor	The second secon	Date (MM/DD/YYYY) \$
		Agre Frank Nov 155 113
House # Street Address		Date [MM/DD/YYYY]
		Page minipelity of
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Total Acceptance	Occupation
Employer Mailing Address / Principal Place of Business		Description of
Flace UnDustriess		or Contribution
Full Name of Contributor	and the state of t	Date [MM/DD/YYYY] \$
House # Street Address	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$
City		
	State Zip Code	Date [MM/DD/YYYY] \$
	State ZIp Code	Date [MM/DD/YYYY] \$
Employer Name	State ZIp Code	Occupation
Employer Name Employer Mailing Address / Principal	State Zip Code	Occupation Description
Employer Name	State ZIp Code	Occupation
Employer Name Employer Mailing Address / Principal	State Zip Code	Occupation Description of
Employer Name Employer Mailing Address / Principal Place of Business	State ZIp Code	Occupation Description of Contribution Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business	State Zip Code	Occupation Description of Contribution
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address		Occupation Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	State Zip Code Zip Code	Occupation Description of Contribution Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business Euil Name of Contributor House # Street Address City		Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City Employer Name	State Zip Code	Occupation Description of Contribution Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business Euil Name of Contributor House # Street Address City	State Zip Code	Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

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Statement of Expenditures

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Filer Identification Number: 83 - 3710 783

To Whom Paid				Date [MM/DD/YYYY] \$
House #	I Description of the latest the l			
	Street Address			Description of Expenditure
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To Whom Paid				Pate [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	₹ 13.72 mm	State	Zip Code	
To Whom Paid			Committee of the control of the cont	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
Сіту	Total Sagarana Contraction of Assessment Contraction	State	Zip Code	
To Whom Paid		- State of the Sta	ATT STREET, AND TOWNS	Date [MM/DD/YYYY] \$
House #	Street Address	-4-		Description of Expenditure
City	SNSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	State	Zip Code	
To Whom Paid			Table Control	Date [MM/DD/YYYY] \$
House #	Street Address		1	Description of Expenditure
City	J. Zive produces or any	State	Zip Code	The state of the s
To Whom Paid	S. H. H. H. Const.	and the second s		Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City		State	Zip. Code	The second secon
To Whom Paid			profit se	Date [MM/DD/YYYY] 5
House #	Street Address			Description of Expenditure
City		State	Zip Code	And the second s
To Whom Paid	All Hapterson			Date [MM/DD/YYYY] 5
House #	Street Address			Description of Expenditure
City		State	Zip Code	

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SCHEDOLE III Statement of Expenditures	xpenditures)				PRINTEN MARKET I STREET, STREE	
To Whom Paid	Honse #	Street	City	State	Zip	date	Amount	Expenditure
Desantis Signs	540	W.18th St.	Erie	PA	16502			2543 Mailers
Oasis Restaurant	3122	3122 W. Lake Rd	Erie	РА	16505	5/18/21		632.53 Watch Party Election Night
Constant Contact	1601	1601 Trapelo Rd Sulte 329	Waltham	MA	02451	5/24/21	Transfer Living	47.7 Website
Comm to Elect Carl Anderson	* 6° em.				The state of the s	5/18/21		200 Campaign Event
Senior News	PO Box 3056	The state of the s	Erie	РA	16508	5/21/21		May Advertising
Caleb Buzard	5327	5327 Heidt Ave	Erie	PA	16506		Carrier and Carrier and Carrier and Carrier	200 May Social Media
Desantis Signs	540	W.18th St.	Erie	РА	16502	5/20/21	266	Mailers
Zoom	55	55 Almaden Blvd	San Jose	S.	95113	5/30/21	***************************************	15,89 Zoom access
Constant Contact	1601	1601 Trapelo Rd Suite 329	Waltham	МА	02451	4/23/21	T. T. T. T. T. T. M. M. M. M. C. C. C. M. S. C.	23.8 Email mailer for website
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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.

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Filer Identification Number:			
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Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt		ASSESSMENT STATES TO THE PROPERTY OF THE PROPE	[32239]
Name of Creditor		Production of the state of the	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 [IMM/DD/YYYY]	•
City Description of Debt		State Zip Code	
Name of Creditor			
			Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt		Charles And Landers 1 Household Land Land Land Land Land Land Land Lan	PART .
Name of Creditor House #	55 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	7 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED. [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt		[4979.5986min.pog.898791] L	<u> </u>
Name of Creditor			Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	Section Company Control Contro	State Zip Code	
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