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

Filer Identification Number	Report Filed B (Mark X)	By Candida	ate	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Dyla	inna				
Street Address	517 Shawnee I	Drive				
City		State	PA	Zip Code	16505	
Type of Report (Place x under report type)						
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Primary Primary	t 4-6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	1	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election	Year		Amendment		Termination	×
(MM/DD/YYYY) 05/18/2021		2021	Report		Report	
Summary of Receipts and Expenditures From Date 05/04/2021	1 1	9 /07/2021		For (Office Use Only	
A. Amount Brought Forward From Last Report	4470	0.70000000			7. 22 2. 22 2. 22 2. 22	Photo
B. Total Monetary Contributions and Receipts (From Schedule I)	2355.	5.97000000			الى . *- موجود يا يا المراجعة	Strains of the strain
C. Total Funds Available (Sum of Lines A and B)	\$ 6826.	3.67000000				ri E
D. Total Expenditures (From Schedule III)	\$ 6967.	7.21000000	ĺ		Control of the Contro	Reversed.
E. Ending Cash Balance (Subtract Line D from Line C)	\$ -140.	.54000000			Section 2	
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 2850.	0.85000000			Co	? ?
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0.00	0000000				Φ
		Affidavit Sec				
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attac				ae and belief tr	us_correct and complet	<u></u>
Sworn to and subscribed before me this		habery				.6.
day of 20	• 1	7 A	= Heati	her Har	it	
Dylanna Omeninger (Jun 10, 202) 07:52 EDT)	- -	<u>H</u> (of Person Submi		_
Signature	ً . ا			Printed Name	2	_
My Commission expires		_81		860-	4122	
MO. DAY YR.	_	A	rea Code	Dayt	time Telephone Numbe	 :r
Part II- If this is a report of a Candidate's Authorized	Committee, candic	date shall sign he	are.			
I swear (or affirm) that to the best of my knowledge a amended.				provisions of th	ne Act of June 3, 1937 (F	P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20	- '1	Dylar	nna Greanger (Jun 10, 2021 07:52	•		•
	1.		Signa	ature of Candida	ate	
9ylanna Somniger (Jun 10, 2021 07:52 EDT) Signature	-	_	F	Printed Name		_
My Commission expires	4 7					
MO. DAY YR.	_	Ar	rea Code	Daytir	me Telephone Number	_

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
[[基本][基本][基本][基本][基本][基本][基本][基本][基本][基本	1		
 A control of the second of the			

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	付けば	
Total for the reporting period (1)	\$	0.0000000
2. Contributions of \$50.01 to \$250.00 (From		0.0000000
Part A and Part B) Contributions Received from Political Committees (Part A)	\$	0.00000000
All Other Contributions (Part B)	\$	967.87000000
Total for the reporting period (2)	\$	967.87000000
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0.00000000
All Other Contributions (Part D)	\$	1388.10000000
Total for the reporting period (3)	\$	1388.10000000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	da) Paktay	
Total for the reporting period (4)	\$	0.00000000
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)	\$	2355.97000000

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.

rieridentiikatio					_
					mount
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee			,		
House #	Street Addre	o e e		Date [MM/DD/YYYY] \$	
		3.			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	1 " ' 1	• • •	Date [MM/DD/YYYY] \$	
Committee					
and the Alexander				1874 All 1	
House #	Street Addres	ss		Date [MM/DD/YYYY] \$	
		\$1 \$2			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Time and a			a Property Care	(-1)	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee				<u> [</u>	
House #	Street Addres	isl		Date [MM/DD/YYYY] \$	
		a) ju			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing		•	Date [MM/DD/YYYY] \$	
Committee				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
House #	Street Addres	el		Date [MM/DD/YYYY] \$	
119030 #	Julies Address	13		Pass Individual 1	
		iid M			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				The second section is a second of the section of th	
randa (d) Tantar isang	dana.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Park National Control	in a land on thought life	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Addres	is		Date [MM/DD/YYYY] \$	
Engrish					
City		State	Zip Code	Date [MM/DD/YYYY] \$	
2 A Galacia					
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Addres	s		Date [MM/DD/YYYY] \$	
				Santa minia and Lind a	
	And the state of				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
2 5 5 5 7 7 NA		1 1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 - 1	

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.)

Filer Identification Number:		

and the first between an account of the property		
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Dalbala Townsellu	05/04/2021 100.00000000	
House # Street Address	Date [MM/DD/YYYY] \$	
314 Strong Drive		
City State Zip Code	Date [MM/DD/YYYY] \$	
Erie PA 16505		
Full Name of Contributor	Date [MM/DD/YYYY] \$	
James McCall	05/04/2021 250.00000000	
House # Street Address	Date [MM/DD/YYYY] & \$	
6055 Morning Glory Ct.	The second section of the second second second second section	
City State Zip Code	Date [MM/DD/YYYY] \$	
Erie PA 16509	Date Inin/DD/1111	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Christiane English	450 0000000	
	03/04/2021	
House# Street Address Lookout Drive	Date [MM/DD/YYYY] \$	
Lookout Drive		
City Zip Code	Date [MM/DD/YYYY] \$	
PA 16507		
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Paul Lukach	05/04/2021 50.00000000	
House # Street Address	Date [MM/DD/YYYY] 。 \$	
1327 S Shore Drive	1000 (1000-1000)	
City State Zip Code	Date [MM/DD/YYYY] \$	
Erie PA 16505	Date [MM/DD/YYYY] \$	
Full Name of Contributor.	Date [MM/DD/YYYY] \$	
Mary Schaaf	125 00000000	
	05/03/2021	
House # Street Address 2109 Watson Rd	Date [MM/DD/YYYY] \$	
Watson Rd.		
City State PA Zip Code 16505	Date [MM/DD/YYYY] (\$	
Full Name of Contributor	Date [MM/DD/YYYY]	
Roger Wolbert	05/05/2021 75.00000000	
House # Street Address	Date [MM/DD/YYYY] \$	-
612 West 2nd Street, Apt 305		
City State Zip Code	Date [MM/DD/YYYY] \$	-
Erie PA 16507	ERMANNIA BATTA ON AN	
1		

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.)

Filer Identification Number:				
				· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor			Date [MM/DD/YYYY] \$	
利克利尔氏的 拉马克克	Gretchen Fairley		05/12/2021	150.00
House # Street	t Address West 9th Street		Date [MM/DD/YYYY] \$	
		· 中国的政治的主义的 可能的问题		<u>A</u> ₩ 100
City Erie	State PA	Zip Code 16502	Date [MM/DD/YYYY] S	<u></u>
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	Barbara Lechner		05/16/2021	75.00
House # Street	t Address		-Date [MM/DD/YYYY] \$	Å
	Niagara Pier	error (Australian autoritation 1974)		
City Erie	State: PA	Zip Code 16507	Date [MM/DD/YYYY] \$	
Full Name of Contributor	110000000000000000000000000000000000000	North March Comment	Date [MM/DD/YYYY] \$	
			The second secon	
House # Street	t Address		Date [MM/DD/YYYY] \$	4
City	State	.Zip Code	Date [MM/DD/YYYY] \$	
	20 mg / 10 mg			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street	: Address		Date [MM/DD/YYYY] \$	<u> </u>
	c Address		*Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	# #
Full Name of Contributor			Date [MM/DD/YYYY] \$	
				4 4
	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	<u>i</u>
	19 Tax			: Grand
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	ation to a start to			ĺ
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	(% (\$5) (1) (\$1) (\$1) (\$1) (\$1) (\$1) (\$1) (\$1)		「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日本日本日本日本日本日本	į

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 Numbe	r:			,,	
7					•
Full Name of	1888 E			Date [MM/DD/YYYY]	\$ 7
Contributing Committe	e			Constitution of the second	
House #	Street Address			Date [MM/DD/YYYY]	5
City	Harvellan Bengar Fragae (roma magementa a el	State	Zip Code	Date [MM/DD/YYYY]	3.1
				State Care Care and Care Care Care Care Care Care Care Care	
Full Name of	(海)	make in the recognition	Copy Apparation of the Papers and Electrical	Date [MM/DD/YYYY]	\$
Contributing Committee	e	·		the account to the state of the	
House #	Street Address			Date [MM/DD/YYYY]	
House #	Street Address			San Control Co	
	1.00 (10	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	\$ 1
Contributing Committee					
House #	Street Address			Date [MM/DD/YYYY]	
				real action and an including the control of the con	
		THE WALLSON	Zip Code	Date [MM/DD/YYYY]	.
City		State	Tip coue	The transfer of a separately assume of management of	Y.
			高新国家 (1)	Date [MM/DD/YYYY]	
Full Name of Contributing Committee				विकास के जिसे के किए की राज्य करते हैं कि के किए के किए	
House #	treet Address			Date [MM/DD/YYYY]	5
City	Machine Matter Committee	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	MS31 40.60
Contributing Committee	2				
House #	street Address		<u> </u>	Date [MM/DD/YYYY]	
	A TOUGH OF STATES			1 (grown stress from the state of the state	
		L	The section of the Contract		
City		State	Zip Code	Date [MM/DD/YYYY]	5.
		S. Wiet	· 建基础		
Full Name of	ones Prasi State			Date [MM/DD/YYYY]	S
Contributing Committee	0 C				
House #	itreet Address		,	Date [MM/DD/YYYY]	\$
	不 表表。				
	VHOS WILLSON	State	Zip Code	Date [MM/DD/YYYY]	\$
City 🛴		State	Zip Code	Pare Lana, PD/111111	5
			(C) 为为4100000000000000000000000000000000000		10.50 50.00 50.00 50.00

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)

Filer Identification Number:

		<u>.</u>		
Full Name of Contributor Mark and	l Stephanie Wright		Date [MM/DD/YYYY] \$ 05/08/2021	1000.00000000
House # Street Addres			05/08/2021 Date [MM/DD/YYYY] \$	
City Girard	State PA	Zip Code 16417	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /	Retired		Occupation Retired	
Principal Place of Business Full Name of Contributor Abigail G	rasinger		Date [MM/DD/YYYY] \$	400.00000000
House # Street Address			05/07/2021 Date [MM/DD/YYYY] \$	
City Erie	State PA	Zip Code 16505	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /	Federal Courthouse		Occupation Case Administrat	or
Principal Place of Business	17 South Park Row	, Erie PA 16501		
Full Name of Contributor			Date [MM/DD/YYYY] \$	1 - 1 - 1 - 1 - 1
House # Street Address			Date [MM/DD/YYYY] \$	
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business			Occupation	
Full Name of Contributor	₽ <u>₩</u>		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			1	

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				
Full Name				
House #	Street Address	1		4
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				Ass .
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City	10° 14° 15° 15° 15° 15° 15° 15° 15° 15° 15° 15	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	(6.65) (2.05)			
House #	Street Address			»
City.		State	Zip	Date [MM/DD/YYYY] \$
			Zip Code	
Receipt Description				
Full Name				
House #	Street Address	····		
City		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description			全、京都等等以前的是 生活、市方等等、年等期。	

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:			
:	TRIBUTIONS RECEIVED-VALUE	E OF \$50.00 O	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$ 0	0.0000000
2. IN-KIND CONTRIBUTIONS R	RECEIVED-VALUE OF \$50.01 TO	O \$250.00 (FR	OM PART F)
TOTAL for the reporting period	(2)	\$	0.0000000
3. IN-KIND CONTRIBUTION REC	CEIVED-VALUE OVER \$250.00	O (FROM PART	G)
TOTAL for the reporting period	(3)	\$	2850.85000000
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	s from boxes 1, 2, and 3; also	enter	2850.85000000

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:				
Full Name of Contributor	-		Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
	State	Zip Code		\$ 1
Description of Contribution	RA-Bunks-Hiller (1921)	80-99-9-1887(\$\$49.5.15.0pc)	<u> </u>	200781
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor (\$
House # Street Address				\$
		Zip Code		\$
建筑山地水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水			•	
Full Name of Contributor	1		Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	
	tate	Zip Code	Date [MM/DD/YYYY]	5
Description of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
并不可能是可能可能的。 第15章 (1954年)	

Full Name of Contributor Dylanna Grasi	inger	Date [MM/DD/YYYY] \$ 2850.85000000
House # . 517 Street Address St	hawnee Drive	Date [MM/DD/YYYY] \$
City Erie	State PA Zip Code 16505	Date [MM/DD/YYYY] \$
Employer Name	USCRI	Occupation Executive Director
Employer Mailing Address / Principal Place of Business	517 East 26th Street, Erie, PA 16504	Description of Yard Signs Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] S \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	「AT TO SEED SEED The MAN AND AND AND AND AND AND AND AND AND A	Occupation
Employer Mailing Address / Principal Place of Business	To the state of th	Description of Contribution
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	6 8	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	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

Filer I	dentif	icatio	n Nun	nber:
111111111	的學學的	The billion	化物物	(多數語)。
2000年		14.7	100	沙里, 是,,,
		1.00	150 6	经行列的

Northern Ohio Printing House # 4721 Street Address Hickley Industrial Parkway Descrip	MM/DD/YYYY] \$ 436.000000000000000000000000000000000000
House # 4721 Street Address Hickley Industrial Parkway Descript City Cleveland State OH Zip Address Pony Express Date IN OH Code To Whom Paid Pony Express Descript City State Zip State Zip State Descript City State Zip To State Zip To State Descript City State Zip To State Zip Zip To State Zip Zip To State Zip	ddresses MM/DD/YYYY \$ 30.11000000
City Cleveland State OH Zip A4109 Mailer at Code Pony Express Description State 1903 Street Address West 8th Street Zip City State 27 Zip City City City City City City City City	ddresses MM/DD/YYYY] \$ 5/05/2021 \$ 30.11000000 otion of Expenditure of check for printing
Cleveland OH Code 44109 Mailer at Ma	MM/DD/YYYY] \$ 30.11000000 Stion of Expenditure of check for printing
Pony Express Pony Express	5/05/2021 30.11000000 otion of Expenditure of check for printing
House # 1903 Street Address West 8th Street City State Zip Factors	5/05/2021 Stion of Expenditure of check for printing
City State Zip	of check for printing
· Code 語作	
First National Ponk	MM/DD/YYYY]
- TRINAME 1985年	5/06/2021 5.550000000 Ption of Expenditure
One Notifi Shore Series	
City Pittsburgh State PA Zip Code 15212 Paper St	tatement fee
	/M/DD/YYYY] \$
- 200%(2004) 重要的 100 (100 (100 (100 (100 (100 (100 (100	5/10/2021 2113.00000000
State Street	ition of Expenditure
City Erie State PA Zip Code 16508 Commer	rcials
To Whom Paid Date IN	/IM/DD/YYYY] \$
WICU	5/10/2021 705.00000000
13514 State Street	ition of Expenditure
City Erie State PA Zip Code 16508 Commer	
■電影響響と影響を表現し、W.IFT	/IM/DD/YYYY] \$ 5/10/2021 1225.00000000
[2888] [1882] [1882] [1882] [1883] [tion of Expenditure
City State Zio	
Erie PA Code 16505 Commen	
1 Spectrum	/IM/DD/YYYY] \$ 5/12/2021 512.55000000
■金融機能 5651 「中央主義を表現 Jordan Road 」	tion of Expenditure
City Erle State PA Zip Code 16510 Commer	
【主要學術語·英語·英語 WICU	//////////////////////////////////////
House # 2514 Street Address State Street	tion of Expenditure
City Erie State PA Code 16508 Commen	

Statement of Expenditures

	-	
Filer Identification Number		

To Whom Paid	WSEE			Date [MM/DD/YYYY] \$	4.25
				05/14/2021	4.25
House # 3514	Street Address St	ate Street		Description of Expenditure	
City Erie		State PA	Zip Code 16505	Commercials	
To Whom Paid	Room 33			Date [MM/DD/YYYY] \$ 05/18/2021	851.40
House # 1033	Street Address St	ate Street		Description of Expenditure	
City Erie	(2) 全级数据是次编译	State PA	Zip Code 16501	Election Night Watch Party	
To Whom Paid			海南海山东北 州州	Date [MM/DD/YYYY] \$	
in the last of	Dylanna Grasinger			06/04/2021	1049.95
House # 517	Street Address Sh	awnee Drive		Description of Expenditure	
City Erie		State / PA	Zip Code 16505	Yard Signs	
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City 1	,	State	Zip Code	- and the state to the state of	Activities and the second seco
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		9	Description of Expenditure	1000
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code	e merenga negeri atangga tangga negatiran pengerapah di pengerapah di eleberah sebagai at dan di babba	 1 - And Andrews Andrews

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 Identification Nu	imber:		
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED. [MM/DD/YYYY]	\$
City		State Zip Code	-
Description of Debt		<u> </u>	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt		Supple description of Transportation of Transpor	CERTIFICATION OF THE PROPERTY
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
City City		State Zip	
Description of Debt		Section School [Selection of the Control of the Con	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED 777	\$
City		State Zip Code	
Description of Debt		the state of the s	550-1
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MW/DD/YYYY]	\$
City		State Zip Code	
Description of Debt		590-750 of table	AZZOV. I
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Add to the control of the contr	S	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

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

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 <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 Comr Friends of D	niitee, Candidate, or Ylanna	Lobbyist		
Reporting Cycle Nam	ne			
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	☑ Cycle 9 30-Day Post Special	
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.				
Heath	er Hart	06	6/08/2021	
Signature of Treasu	rer, Candidate, or Lobb	yist	Date	
Heather Hart				
Pri	nted Name			
			DSEB-502R	



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.

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.

W	06/08/2021	
Signature of Candidate	Date	
Dylanna Grasinger		
Printed Name		